

Synergy Student Ministries of First United Methodist Church, Crowley, Louisiana
Annual Permission – Consent – Liability Release Form 2016/2017
(June 1, 2016 through May 31, 2017)

Student Section - (please print)

Participant's Full Name: _____ Date: _____

Address: _____

Home Phone: _____ Student Cell: _____

Age: _____ Birth date: _____ School: _____ Grade: _____

Parent Section - (please print)

Parent/Legal guardian (s): _____

Work : _____ Cell: _____ Email: _____

Parent/Legal guardian (s): _____

Work : _____ Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____

TO WHOM IT MAY CONCERN:

The undersigned hereby give permission for our (my) child: _____
to attend and participate in the Synergy Student Ministry activities, events & retreats during the 2016/2017 year
(June 1, 2016 through May 31, 2017).

LIABILITY RELEASE:

In consideration of Synergy Student Ministries allowing the Participant to participate in group activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless First United Methodist Church, it's directors, employees, volunteers and agents (collectively herein "FUMC") from any and all liability claims or demands for accidental person injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I), the parent (s) or legal guardian(s) of the Participant, hereby grant our (my) permission for the Participant to participate fully in FUMC/Synergy Student Ministry activities, including trips away from the church premises.

The undersigned represents to FUMC that he/she is the natural parent or legal guardian of the above named student, and the undersigned does hereby consent to the minor taking part in activities associated with FUMC during the year of June 1, 2016 through May 31, 2017, with the full understanding there is always risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments and incidental loss and expense. The undersigned does for him/herself and for and on behalf of the minor assume the risk of such loss, injury, or expense, and does hereby wholly release FUMC from any responsibility or liability; and waives claim or causes of action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort or accident or any other circumstance involving such child, and agrees to indemnify and hold harmless FUMC for any such loss, injury or expense; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by FUMC and its agents.

Signature of Parent/Legal guardian: _____ Date: _____

Signature of Parent/Legal guardian: _____ Date: _____

MEDICAL RELEASE 2016-2017

Student's Full Name: _____ SS#: _____

In the case of a medical emergency, I give permission to have my child or myself (if 18 years or older) to be evaluated and treated by qualified medical personnel.

I, _____, hereby authorize and consent to any
(Parent/Legal Guardian/Self - if 18 or older)
examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or care required, but is given to provide authority and power to render care that is deemed advisable in the best judgment of the physician.

The undersigned represents to FUMC that he/she is the natural parent or legal guardian of the above named child. It is understood that an effort will be made to contact me/us prior to rendering treatment, but that any of the above treatment will not be withheld if I cannot be reached. The undersigned will furnish payment or insurance for any such payment, at his/her expense.

Mother's Home Phone: _____ Cell: _____

Father's Home Phone: _____ Cell: _____

1stEmergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Any special medical problems or drug allergies that the leaders should be aware of?:

Current Ongoing Medications: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

INSURANCE INFORMATION:

Name of Insured: _____ SS#: _____

Insurance Company: _____ Group Number: _____

Preauthorization Phone #: _____ Policy Number: _____

I have read the above medical authorization and release and agree to its provisions.

Signature of Parent/Legal guardian: _____ Date: _____

Signature of Parent/Legal guardian: _____ Date: _____

MEDICAL HISTORY/INFORMATION

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Circle the following areas of concern for this youth. If necessary, add a separate page with details:

1. For your child’s safety and our knowledge, is your child a: **good swimmer** **fair swimmer** **non-swimmer**

2. Does your child have allergies to: **pollens** **medications** **food** **insect bites** **other**

Explain: _____

3. Does your child suffer from, or has he/she ever experienced, or is currently being treated for any of the following:

asthma **epilepsy/seizure disorder** **heart trouble** **diabetes** **other**

Explain: _____

4. Date of last tetanus shot: _____ 5. Does your child wear: **glasses** **contact lenses**

6. Please list and explain any major illnesses the child experienced during the last year:

7. Has this child ever had any broken bones? **Yes** **No**

If yes, explain: _____

8. Has this child ever had any surgery? **Yes** **No**

If yes, explain: _____

Should this child’s activities be restricted for any reason? **Yes** **No**

If yes, explain: _____

Additional comments: (include a list of any medications and the dosage the child may be taking)

GUIDELINES - Synergy Student Ministries

This form is for your information & does not need to be returned

Our mission is to make disciples of Jesus Christ for the transformation of the world.

Synergy Student Ministries of the First United Methodist Church invites youth from the entire community and is not a church member only youth group.

To be eligible to participate in the First United Methodist, Synergy Youth Group you must meet these requirements.

Jr. High Group

You must be 11 – 13 years old or in the 6th – 8th grade

Sr. High Group

You must be 14 – 18 years old or in the 9th – 12th grade

*You must fit into one of these categories but not both. However, you must have completed the 8th grade to move into the Sr. High Group.

Outing/Activity Requirements

- You must attend Wednesday night Bible Study on a regular basis for at least 3 months prior to any off campus outing/activity
- You must actively participate in at least 2 service projects
- You must actively participate in at least 1 fund raiser

Trip Requirements

- You must attend Wednesday night Bible Study on a regular basis for at least 6 months prior to the trip.
- You must attend church on a regular basis (not necessarily our church but church)
- You must actively participate in at least 3 service projects
- You must actively participate in at least 3 fund raisers
- You must be at least 12 years old unless otherwise specified by the individual program

Additional Considerations

- Exceptions and/or changes shall be made at the discretion of the Youth Director under the guidance of the Youth & Children's Council, depending on circumstances.
- Church members will be chosen first in the event that an outing/trip/activity is filling up
- **You will be responsible to reimburse any fees paid on your behalf**, if you've signed up for an outing or activity and then realize you cannot go. If you do not reimburse the fees you will not be allowed to attend the next trip/activity/outing. Deposit will NOT be reimbursed!
- Parent or guardian will be **expected** to attend parent meetings concerning trips that their student will be attending.
- Youth & parents must be willing to abide by ALL dress code guidelines set forth by the organization putting on the retreat/camp/conference or by the youth director/youth council. This could mean extra cost associated with trip for new clothes/shoes (longer shorts, t-shirts & swim wear, etc.).

CODE OF BEHAVIOR

- MP's – Ministry Partners (leadership team members, former youth, parents, etc.), have been asked to assist, serve & basically help keep you out of trouble. However, they will report any inappropriate behavior. **Be RESPECTFUL!!**
- Physical contact (hitting, slapping, punching, etc.) are **NOT ALLOWED** during any youth/children sponsored event/activity/outing/trip. Even if it's "just picking/joking".
- **Excessive "picking" and joking has been reportedly hurting feelings lately. Please refrain from saying potentially hurtful things to others.** - Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen. **Ephesians 4:29**
- PDA - Personal Displays of Affection are **NOT ALLOWED** during any youth/children sponsored event/activity/outing/trip. If you are welcoming someone please remember "Hug & Release" within 3 seconds. 😊
- Walking out of the direct line of site from the youth room is **NOT ALLOWED**. If you cannot see the windows of the youth room then adults cannot see you.
- Walking to Frosto or around the block is **NOT ALLOWED**. Get your food/drink/snacks before arriving.
- Once you have arrived to youth then you must stay at youth until your ride picks you up. If you must leave early please let Ms. Julie (Ms. Amy or one of the adult ministry partners) know.
- Couples are not ever to be out of the sight of adults or designated MP's. **DO NOT** go off by yourselves.
- Dress Code - Please dress modestly – you are at church.
 - Please do not wear clothing with harsh, vain, inappropriate slogans, skulls, ads for alcohol, etc.
 - Shorts should be longer so that your "bottom" doesn't show - even when bending over or sitting down
 - Shirts should have a sleeve & not reveal cleavage or belly

Youth Covenant!!!

- I will not be in the park after dark and will go to the youth room at dusk or the designated start time.
- I will not Horseplay and/or rough-house because I know it is NOT ALLOWED in or around the buildings.
- I will be quiet and respectful after Bible Study as to respect other groups that may be meeting.
- I will be respectful of ALL adults at ALL times while on or **around** church grounds (this includes the park)
- I will NOT use inappropriate language because it is not allowed at any time while on or **around** church grounds
- I will Not talk while others are talking, if it's not my turn, during bible study and/or small group time
- I will not eat or drink during bible study and/or small group time (I will eat/drink before or after)
- I will check in with Ms. Julie or the person keeping attendance when I arrive.
- **I will not text or use my cell phone during the bible study lesson**
- I will help everyone feel welcome & important
- I will stay away from "Drama" and I will not Start "Drama".
- I will participate fully in all scheduled group activities and abide by additional event specific guidelines
- I will respect the health of my own body by refraining from the use of tobacco, alcohol & illegal drugs. I understand the use of these substances are absolutely prohibited on any youth/church sponsored!!
- **I will clean up after myself!!** I will respect things I use and the property of all areas.
- I will hold safety in the high regard, and refrain from compromising my own safety or another's safety.
- I will provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information outside of the group.
- I will take initiative to inform my guest of their responsibility to follow these guidelines when they visit.
- I will dress modestly as outlined above.

I agree to abide by the Synergy Guidelines that constitutes our "Code of Behavior" for all persons participating in Synergy activities & events. I understand that a violation of these expectations will result in being counseled by the Youth Director, in the presence of another youth worker & I may be asked to leave the activity/event immediately. Considering the seriousness of the occurrence, the Youth Director will have the option of calling my parent/guardian and/or sending me home at my parent/guardian's expense.

Youth Signature _____ Date _____

Parent Signature _____ Date _____