

Permission For Treatment

My permission is granted for a Crosspoint Church staff member or adult leader to obtain necessary medical attention in case of sickness or injury for the above named student. I the undersigned, do hereby release and forever discharge all sponsors and Crosspoint Church, Clemson, South Carolina from any and all claims, demands, actions or cause of action, past-present-or future existing out of any damage or injury while participating in this event. I grant permission for pictures or videos taken of the above student while attending this event to be displayed or used in future services or promotion.

Dated This _____ of _____, _____ Dated This _____ of _____,

Signature of Parent/Guardian

Notary Signature

(Attach/photocopy insurance card on back)

My Commission Expires:

STUDENT CONDUCT AGREEMENT

ALL STUDENTS PARTICIPATING IN CHURCH EVENTS MUST ADHERE TO THE FOLLOWING:

Follow Travel Guidelines at all times

No possession or use of alcohol, drugs or tobacco

Students may not drive or transport other students at any time without parental consent

No weapons, fireworks, or anything else that explodes

No offensive or immodest clothing

Respect "Off Limits" areas at all times

Group participation is expected

Respect leaders, staff and fellow students

Respect and comply with all event schedules

STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENTS' EXPENSE!

I understand the Student Conduct Agreement and agree to abide by this code of conduct.

Student's Signature _____ Date _____

PARENTS INFORMATION AND CONSENT

There are times when the student ministry events/activities can be very strenuous, requiring a great deal of movement and exertion. If you desire to limit your child's participation in any event/activity, please submit your wishes in writing to the Youth Minister or Youth Volunteer Leader prior to the event.

_____ has my permission to attend all local youth activities sponsored by _____ from _____ to _____.

Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Youth Staff, Adult Leaders or medical facility. I further understand that there are inherent risks involved in any ministry or event/activity and release the Church and its staff of any liability against personal loss.

I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider.

I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.

I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotion.

Parent's Signature _____ **Date** _____