

## BEHAVIORAL GUIDELINES FOR YOUTH ACTIVITIES

Because I (we) understand that the purpose of this youth group is to serve God and others, I commit myself (my teen) to the following:

I fully agree and commit while at any event or activity sponsored by Church Street Church of the Nazarene Student Ministries to:

1. Respect, listen to, and cooperate with the youth director and all adult leaders at all times.
2. Respect the personal space and property of every individual, whether associated with the youth department or not. Inappropriate behavior, harassment, intimidation, or bullying will NOT be tolerated.
3. Refrain from use or possession of alcohol, illegal substances, and tobacco of any kind.
4. Refrain from using profanity, exhibiting improper behavior, and possession of weapons of any kind.
5. Wear modest, appropriate clothing at all times. Inappropriate words, symbols, cigarette, or alcohol advertisements should not be displayed on clothing. (For events requiring swimwear girls should either have a one piece or tankini. A shirt is to be worn over any bikinis at all times. For boys, board short style swimwear is required.)
6. Reflect a Christian attitude in all personal relationships during all youth activities or events. Inappropriate Public Displays of Affection (PDA) such as kissing, cuddling, hand holding or any action sexual in nature, etc. are NOT permitted during any Youth Ministry activity or event.

In the event of, or suspicion of, a violation of these parameters, I (we) give permission for the youth director or an adult leader to search my person, my room, my luggage, and/or my personal belongings.

A violation of the guidelines may result in the student being sent home at the parent/guardians' expense.

Parent/guardians' agree to bear all expenses in the event of a student being sent home.

This commitment is intended for the greater good of the group as well as the individual, and is intended to be exercised by all concerned in the spirit of Christ.

**THIS FORM MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE PARTICIPANT**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# CHURCH STREET CHURCH OF THE NAZARENE LIABILITY RELEASE FORM TO PARTICIPATE IN YOUTH EVENTS/ACTIVITIES

## Release of All Claims

In consideration for being accepted by **Church Street Church of the Nazarene** (the Church) for participation in **Youth Events and Activities from January 1, 2015 thru December 31, 2015 within the United States** we, (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless **Church Street Church of the Nazarene** their board, employees, and volunteers, their respective officers, and agents, of any legal and financial responsibility of any nature whatsoever which may be incurred by the undersigned and the child-participant while said child is participating in the above described events/activities.

I (we) hereby agree as follows:

1. I assume full legal and financial responsibility for my participation in events/activities.
2. I grant the Church, their board, employees, and volunteers, their respective officers, and agents the authority to act in any attempt to safeguard and preserve my health or safety during my participation in events/activities including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of emergency.
3. Accident and health insurance are recommended for my participation in these events/activities. I understand that the Church encourages me to have appropriate insurance coverage for the entire time during events/activities.
4. I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort and welfare of all participants during events/activities.
5. I voluntarily indemnify and hold harmless the Church, their board, employees, and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any nature (including attorney's fees) whatsoever arising out of my participation in events/activities, which do not arise out of the negligent acts or omission of the Church, their board, employees, or volunteers, their respective officers, or agents while acting within the scope of their employment or duties of the Church.
6. I acknowledge that I have read this document and understand and accept its terms.

Participant Name \_\_\_\_\_ Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Date

# EMERGENCY MEDICAL AUTHORIZATION AND RELEASES FORM

Conformed As To New Mexico Law

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_,  
name of parent/guardian name of minor

who was born on \_\_\_\_\_.  
date of birth

My child is attending and participating in the events/activities at or with **Church Street Church of the Nazarene** located at **2401 W Church Street Carlsbad, NM 88220** from **January 1, 2015 thru December 31, 2015**. I hereby authorize **Pastor Darrin Milgrim** and/or **Pastor Korey Frazier** and/or their **volunteer youth workers** who are **21 years of age or older**, who supervise the activities sponsored by **Church Street Church of the Nazarene** into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my Child. I further authorize **Pastor Darrin Milgrim** and/or **Pastor Korey Frazier** and/or their **volunteer youth workers** who are **21 years of age or older**, who supervise the activities sponsored by **Church Street Church of the Nazarene** to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to **Pastor Darrin Milgrim** and/or **Pastor Korey Frazier** and/or their **volunteer youth workers** who are **21 years of age or older**, who supervise the activities sponsored by **Church Street Church of the Nazarene**.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise of his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

\_\_\_\_\_  
Parent/Guardian Signature Date

Phone \_\_\_\_\_

## ADDITIONAL INFORMATION

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical/Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

### Allergies/Reactions

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### Medications (Prescriptions and Over the Counter)

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### Other Information about My Child's Health a Doctor Should Know

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