

Additionally, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive (drivers must be 21 years or older and "approved" with a driver's release form)
- No fighting, weapons, fireworks, lighters, matches, or explosives of any kind
- No offensive or immodest clothing (please no bra straps showing, tank tops, short skirts, or very tight clothes)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters at anytime
- Participation with the group is expected; no "coupling off" or "leaving for a walk" without first talking with an adult
- Respect all property
- Respect yourself, one another, staff, and adult leaders
- Respect and comply with event schedules
- As a guideline, no P.D.A. (Public Display of Affection)

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ **Date:** _____

_____ has my permission to attend any and all youth activities
NAME OF STUDENT

sponsored by HOPE CHRISTIAN FELLOWSHIP CHURCH (here in after the NAME OF ORGANIZATION "Church") as published on a youth ministry calendar.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ **Date:** _____

PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT

(California Form: * "Parental" of "Parent" also means "Guardian")

Herein "Parent" _____ -Herein "Organization" **HOPE Christian Fellowship**

Herein "Minor" _____ -Herein "Agent" **Mike Gabelman or Adult Youth Leader for event**

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor. The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special Country in which the medical care is beingsought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to berendered to the Minor by any dentist licensed under the California Dental practice Act or the laws of the State or Country in which the dental care isbeing sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination,anesthetic, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deemadvisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws ofthe State or Country in which the medical, or dental care is being sought. The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agentupon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similarprovisions of the laws of the State or Country in which the medical or dental care is being provided.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent, or the Organization, under thisauthorization.

Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees and volunteers, for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization’s administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization’s fraud or willful injury to the person or property of Minor or violation of law, whether willful or negligent.

These authorizations shall remain effective until _____ (or one year maximum from date below), unless sooner revoked in writing delivered to said Agent.

No oral representations, statements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Dated _____ Parent’s Name _____ Parent’s Signature _____

Family Code of California, Section 6910 The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care or dental care under Section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor. Family Code of California, Section 6901 "Dental Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act. Family Code of California, Section 6902 "Medical Care" means 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. Health & Safety Code, Section 1283(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child’s parent, the person having legal custody of the child, or the caregiver of the child who is a relative of the child and who may authorize medical care and dental care under Section 6550 of the Family Code.

Medical insurance company _____ Policy # _____

Name of Primary Physician _____ Office phone (____) _____

Copy of Insurance Card:
(Separate Sheet is fine)