

Covenant. Medical & Liability Release Form
Asbury United Methodist Church—Greeneville, TN

Personal	Participants Name _____ Grade _____ Birth Date ____/____/____ Gender _____ Full Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell _____ Email _____
Guardian	Mother's Name _____ Email _____ Work _____ Cell _____ Occupation _____ Father's Name _____ Email _____ Work _____ Cell _____ Occupation _____
EC	Emergency Contact _____ Phone _____ Relationship _____
Insurance and Doctor	Hospitalization Insurance Company _____ Policy # _____ Insurance Subscriber's Name _____ SS# (optional) _____ Insurance Claims Address _____ Pre-Authorization Phone _____ (Please provide a copy of your insurance card.) Family Doctor _____ City _____ Phone _____ Allergies (Food/Drugs) _____

<p>Immunization Record (attach a copy of Vaccine Administration Records)</p> <p>Which of the following has the participant had?</p> <p> <input type="checkbox"/> Measles DTP <input type="checkbox"/> Chicken pox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> TB Mantoux Test Date of last test _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> </p>	<p>Please give all dates of immunization for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Vaccine:</td> <td style="width: 40%;">Dates:</td> </tr> <tr> <td>TD (tetanus/diphtheria)</td> <td>_____</td> </tr> <tr> <td>Tetanus</td> <td>_____</td> </tr> <tr> <td>Polio</td> <td>_____</td> </tr> <tr> <td>MMR</td> <td>_____</td> </tr> <tr> <td>or Measles</td> <td>_____</td> </tr> <tr> <td>or Mumps</td> <td>_____</td> </tr> <tr> <td>or Rubella</td> <td>_____</td> </tr> <tr> <td>Haemophilus influenza B</td> <td>_____</td> </tr> <tr> <td>Hepatitis B</td> <td>_____</td> </tr> <tr> <td>Varicella (chicken pox)</td> <td>_____</td> </tr> </table>	Vaccine:	Dates:	TD (tetanus/diphtheria)	_____	Tetanus	_____	Polio	_____	MMR	_____	or Measles	_____	or Mumps	_____	or Rubella	_____	Haemophilus influenza B	_____	Hepatitis B	_____	Varicella (chicken pox)	_____
Vaccine:	Dates:																						
TD (tetanus/diphtheria)	_____																						
Tetanus	_____																						
Polio	_____																						
MMR	_____																						
or Measles	_____																						
or Mumps	_____																						
or Rubella	_____																						
Haemophilus influenza B	_____																						
Hepatitis B	_____																						
Varicella (chicken pox)	_____																						
<p>First Aid (All treatments can and will be used as needed.)</p> <p> <input type="checkbox"/> Eye Wash <input type="checkbox"/> Benadryl <input type="checkbox"/> Calamine <input type="checkbox"/> Hydrocortisone <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Tylenol Cold <input type="checkbox"/> Roloids <input type="checkbox"/> Imodium <input type="checkbox"/> Throat Spray <input type="checkbox"/> Neosporin <input type="checkbox"/> Robitussin <input type="checkbox"/> Swimmers ear solution <input type="checkbox"/> Bonine <input type="checkbox"/> Milk of Magnesia </p>																							

PLEASE LIST BELOW ANY MEDICATIONS THAT YOUR YOUTH MAYBE TAKING.

1. _____
2. _____
3. _____

THIS BOX IS FOR OFFICIAL USE		
Liability Form: _____	Medication: _____	Year: _____
Rules Form: _____	Notary: _____	Insurance: _____

Covenant. Medical & Liability Release Form

Asbury United Methodist Church—Greeneville, TN

Rules and Guidelines for All Student Ministries Activities

These rules have been written down to inform the participants of how they need to conduct themselves at any function. These rules were not established to take away any privileges or the fun out of any function, but were established to protect each participant and enable the entire group, counselors, and director to have a great experience at all functions. If one or all of these rules are broken and it is discovered, discipline will be taken in the following manner, unless otherwise listed:

1. The offender will have at least 5 minutes away from the rest of the group with a counselor or the director to discuss the issue.
2. If the problem persists, or otherwise stated in the Constitution, or instructed by the director or counselor in charge, a telephone call to the parent(s) or guardian(s) will be made to have them come pick up the youth to inform them that the youth is being sent home.

General

1. Participants must stay with the group in the designated area(s) while attending any function
2. Participants are to respect and follow requests made by the director, counselor, helping adults, or leader of the program. Youth should not have to be asked or told more than once to do something.
3. Anything broken during student function should be reported to the director as soon as possible. If any item is discovered and the participant that did it is known and did not report it or was doing something they should not have been, they or their parents will be required to fix or replace the broken item at their own personal cost
4. No matches or lighters are to be used at any time unless specifically requested by a counselor or the director.
5. Only age appropriate movies are to be shown at any student ministries function. Any questionable material must be run by the director before being shown. All movies viewed are subject to the youth director's approval or subsequent disapproval
6. Displays of affection are restricted to hugging and holding hands. Under no circumstance is purple to be made in non-designated purple areas (Purple is the mixing of the sexes in inappropriate places. Girls are pink and boys are blue) unless instructed by the director
7. Fireworks are strictly prohibited from being used by, purchased by, or in the possession of any youth at any function.
8. Any inappropriate use of Alcohol or drugs is strictly prohibited from being used by, purchased by, or in the possession of any participant at any function. Prescription drugs are to be given to a counselor or director and will be given out at the appropriate times unless otherwise discussed with parents.
9. Foul language will not be tolerated at any function
10. Participants are requested to wear undergarments when out in public and for the undergarments to not be exposed. Bathing Suits during water events and trips should be appropriate. Female suits should be one piece or tankini's. Male suits should be the long short style. Anyone who fails to wear appropriate clothing will be asked to change.
11. Cell phone use and possession may be limited or prohibited at functions.

In the Church

1. Participants are not to touch, play with, tamper with, or use any electronic equipment in the church at any time during any function, unless specifically asked to do so by the director or the person in charge of the equipment
2. Participants are not allowed to use any appliances in the church unless they have specifically asked the director to do so or have been requested to do so by an adult.

On Retreats and Trips

1. Always remember the Covenant that was signed on the registration for in order to attend the trip
2. Always act in a Christ-like manner
3. Guests or friends on any outing are to be pre-arranged with the director by the parent(s) or guardian(s).
4. (No Purple) Males are not allowed in designated female sleeping areas and vice-versa unless accompanied by a counselor or the director.
5. While in public, there will be a minimum of 4 participants are required in each group unless accompanied by an adult. Junior High is to stay with an adult in groups. Juniors and seniors may stay in groups of 4 or more.
6. Trip deposits are due on the day of the registration deadline and are non-refundable unless either some one else is found to take the participant's place, there is a death in the family, or the participant has an illness which prevents them from attending. Deposits turned in before the deadline can be refunded until the deadline date.
7. Late registration may be accepted, but neither room on the trip or a bed will be guaranteed. There will also be a 10% (minimum \$5) late registration fee required unless the youth is replacing another youth that cannot attend.
8. The final cost for the trip is due the Sunday before the trip unless other wise noted by the director

Covenant. Medical & Liability Release Form

Asbury United Methodist Church—Greeneville, TN

9. Though we like jokes please carefully consider your practical jokes. Any practical jokes' impact will be evaluated by the Director and may result in Disciplinary action.

Changes to the Rules & Covenant

The current Youth Council and Youth Advisory Council may make additions and changes to the Rules & Covenant at any time. Proposed additions and changes must be brought before the said council and a vote must be taken in order to change the current Rules & Covenant. The Director will prayerfully consider any request and/or vote, but reserves the right to veto.

Release and Hold Harmless Agreement for Asbury United Methodist Church

By my signature, I, _____, the parent or guardian of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by Asbury United Methodist Church. I understand that my signature carries with it the following

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Asbury United Methodist Church (UMC) from all claims that might result from any injury or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.
4. I hereby grant permission for photographs, videos, or voice recordings of my minor children as well as myself participating in church-sponsored programs to be used in any church media (including, but not limited to, newsletter, website, advertisements, videos, brochures) and for Asbury UMC to make changes and/or edit this media as the church deems necessary. The below signature applies to any media created or taken prior to this receipt by Asbury UMC
5. I have read the above Rules & Covenant, and hereby agree to follow and support them at all Asbury Student Ministry functions.

Printed Name of Parent or Legal Guardian	Relationship
Signature of Parent or Legal Guardian	Date
Printed Name of Participant	Signature of Participant

To be signed in front of Notary

To be signed in front of Notary

State of Tennessee, County of _____
(Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned authority, on this date: _____,

By (Print Notary's name): _____ Notary Public, State of Tennessee

Notary's seal here

Notary's signature

My commission expires: ____/____/____