## SUBURBAN CHRISTIAN CHURCH ACTIVITIES RELEASE FORM Student September 2016 - August 2017

| NAME:                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            | SS#                                                                                                                                                                                                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |
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| ADDRESS:                                                                                                                                                                                                          | STATE                                                                                                                                                                                                                                            | ZIP                                                                                                                                                                                                                                                                                                                        | PHONE                                                                                                                                                                                                                                                  | #<br>DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cen#_<br>[                                                                                                                                                                                                                                                                                                                                                                               | AGE                                                                                                                                                                                                                                                                            |
| INSURANCE COMPANY                                                                                                                                                                                                 | _51741 E                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                            | POL                                                                                                                                                                                                                                                    | JCY#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |
| PRIMARY CARDHOLDE                                                                                                                                                                                                 | ₹                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                            | RE                                                                                                                                                                                                                                                     | LATIONSHIP TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STUDENT                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                |
| PHYSICIAN'S NAME                                                                                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            | PHYS                                                                                                                                                                                                                                                   | SICIAN'S PHON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E# <u>(</u> )                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |
| CURRENT MEDICAL COL<br>CURRENT MEDICATION<br>MINOR MAY BE GIVEN (<br>ALLERGIES (including dry<br>MEDICAL HISTROY OF C<br>MEDICAL HISTORY OF F<br>DOES THIS PERSON HAV<br>( ) contact lenses (<br>( ) dentures ( ) | NDITIONS:_S:_check those thug allergies)_CHILD_FAMILY_TE (check all to glasses (                                                                                                                                                                 | nat apply): ( ) Asp<br>hat apply)<br>) hearing aid                                                                                                                                                                                                                                                                         | pirin ( )                                                                                                                                                                                                                                              | Tylenol () I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [buprofen                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                              |
| FATHER/GUARDIAN                                                                                                                                                                                                   | IN CAS                                                                                                                                                                                                                                           | E OF MEDICA                                                                                                                                                                                                                                                                                                                | L EMERO<br>_ FATHER                                                                                                                                                                                                                                    | GENCY CON' 'S SS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ТАСТ                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                              |
| FATHER/GUARDIAN<br>PHONE #'s: Home                                                                                                                                                                                | /Wo                                                                                                                                                                                                                                              | ork                                                                                                                                                                                                                                                                                                                        | /Cell                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pager                                                                                                                                                                                                                                                                                                                                                                                    | _                                                                                                                                                                                                                                                                              |
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| MOTHER/GUARDIAN<br>PHONE #'S: Home                                                                                                                                                                                | /                                                                                                                                                                                                                                                | Work                                                                                                                                                                                                                                                                                                                       | MOTH<br>/Cell                                                                                                                                                                                                                                          | EK 5 55#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /Pager                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                |
| 18 years of age or older, do for older) do hereby release, fore and all liability, claims or den whatsoever which may be inc above-described trip or activity. Furthermore, we(I) personal injury, sickness, deat | MEDICA being accepted or ourselves (mover discharge and for persourred by the unity). (and on behalf the damage and ization and permission is all ther hereby agreed the age of 1 (s) or legal guard hereby give obut not in limit necessary for | L, VIDEO, ANI d by Suburban Chri ryself) (and for and and agree to hold ha brain injury, sickness indersigned and the for our(my) child-pa fexpense as a result rmission is hereby a so given to publish ree to hold harmless result of the neglige 8 years): rdian(s) of this part bur(my) permission ration to emergency | D RELEA<br>stian Church<br>on behalf of<br>armless Subu<br>s, or death, as<br>child-participal<br>articipant if of<br>t of participal<br>given to said<br>pictures and<br>s and indemnant, willful, of<br>icipant, and<br>to take said<br>surgery of n | afor participation is my child-participation in recreation as well as property opant that occur who under the age of 18 tion in recreation a church to furnish for videos of participation in the church, its or intentional acts of the church is or intentional acts or intentional acts or intentional acts of the church is or intentional acts of the church is or intentional acts of the church is or intentional acts or intentional acts of the church is or i | ELAIMS in youth sponsored acant if said child is no urch and the director damage and expense tile said child is particle said child is particle said child is particle said child is particle said work activities in any necessary transpoipant engaged in spots directors, employee of said participant, in my) permission for his particle or hospital and leand assume the response. | ctivities, we(I) being t 18 years of age or st thereof from any s, of any nature cipating in the me all risk of nvolved therein. Fortation, food and consored activities. The est and agents, for including expenses im/her to participate thereby authorize onsibility of all |
| SIGNATURE OF PARENTA                                                                                                                                                                                              | / <b>LEGAL GU</b> A                                                                                                                                                                                                                              | ARDIAN:                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE.                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                |

## SUBURBAN CHRISTIAN CHURCH PARTICIPANT'S GUIDELINES

- 1. CONDUCT: PARTICIPANTS CONDUCT WILL BE HELD TO A HIGHER MORAL STANDARD AND SHOULD BE PLEASING TO THEIR PARENTS, THEIR FRIENDS AND SUBURBAN CHRISTIAN CHURCH.
- 2. USE OF DISCMANS, I-PODS, RADIOS, ELECTRONIC GAMES, CELL PHONES OR OTHER ELECTRONIC ENTERTAINMENT EQUIPMENT IS ALLOWED BUT ONLY DURING ASSIGNED TIMES.

  i. Cell phones are not needed for the Missions Trip.
- 3. USE OF, OR POSSESSION OF TOBACCO-ALCOHOL DRUGS OF ANY TYPE WILL BE GROUNDS FOR IMMEDIATE DISMISSAL FROM ACTIVITY! (ADULT LEADER MUST BE INFORMED OF ALL MEDICATIONS BY PARENT/GUARDIAN)
- 4. BOYS ARE NOT PERMITTED IN GIRL'S ROOM(S) OR GIRLS IN BOY'S ROOM(S).
- 5. AGENDAS ARE TO BE STRICTLY OBSERVED AND PARTICIPANTS MUST BE ON TIME & PARTICIPATE IN ALL GROUP ACTIVITIES, CHECK-IN'S, MEALS, ARRIVALS, AND DEPARTURES.

CLOTHING: Inappropriate logos or advertisements on clothing will not be permitted

**BOYS:** must wear shirts.

Pants/shorts must fully cover undergarments.

GIRLS: midriffs must be covered

shoulder straps must be two finger widths wide and cover under garments

shorts may be no shorter than the tips of her longest finger when arms are held to the side.

**SWIMSUITS:** 

**BOYS:** no SPEEDO style swim trunks

GIRLS: one piece suits only/two piece can be worn if covered by dark colored over shirt

Cover shirts must cover as a one piece bathing suit would

## VIOLATION PROCEDURES FOR ANY INFRACTION OF GUIDELINES:

a. 1st occurrence: Participant will be confronted with violation by youth leader.

(Parents will be notified after returning home)

2<sup>nd</sup> occurrence: Guardians will be notified immediately of participant's conduct.

3<sup>rd</sup> occurrence: Participant will be sent home. Participant may be temporarily

suspended from participating in some future activities.

b. SERIOUS VIOLATIONS – POSESSION AND/OR USE OF ALCOHOL, DRUGS, PROMISCUOUS BEHAVIOR, OPEN DEFIANCE TO LEADERSHIP

Parents/guardians will be notified immediately of the violation and will be required to make

prompt arrangements for participant to return home.

| We have read, understand, agree with and will comply with all guidelines as outlined above: |       |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------|-------|--|--|--|--|--|--|
| Participant's Signature:                                                                    | Date: |  |  |  |  |  |  |
| Parent/Guardian's Signature:                                                                | Date: |  |  |  |  |  |  |