

**2017 Youth Information and Release Form**  
Effective January 1, 2017 through December 31, 2017



**Contact Information**

Name of Youth \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Youth Cell # \_\_\_\_\_ Youth Email \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_  
Parent Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_  
Other Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Church Membership  FBCP  Other: \_\_\_\_\_

**Medical Information**

*Please attach a copy of your insurance card.*

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

List any Allergies, Prescribed Medications, or Physical Limitations:

**Expectations**

We expect each student to follow these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' restrooms or sleeping quarters and no girls in boys' restrooms/sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules- be on time!

Students who fail to comply with these expectations will be required to contact their parents and meet with the Associate Pastor with their parents. Students who fail to comply with these expectations may be sent home from off-campus events at their parents' expense.

I have read the rules of conduct. I agree to abide by the code of conduct.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release**

My permission is granted for adult chaperones, in my absence, in charge to obtain necessary medical attention in case of sickness or injury of my child during off-campus trips and on-campus youth events. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church of Pendleton and the adult chaperones and leaders from all claims, demands, actions, past, present, or future arising out of damage or injury while participating in or traveling to and from FPCP youth ministries.

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

Photographs, audio recordings, and video recordings may be created at church events. May we use recordings of you or your child in publications, videos, website design or other media expressions?

\_\_\_\_\_ Yes \_\_\_\_\_ No