

**Blooming Grove Christian Church Student Ministry
Covenant and Release
2016-17 Program Year**

Name of Student

Date

Student Ministry Expectations/Parent-Student Covenant

I understand that a primary goal of Blooming Grove Student Ministry is to create a safe, loving and accepting Christian Community, and that certain activities are damaging to the growth and development of such a community; The Student Pastor and Pastor of Blooming Grove Christian Church have set the expectation that the following activities will not be present at any Blooming Grove Student Ministry activity:

- Possession or consumption of alcoholic beverage
- Possession or consumption of illegal drugs
- Possession or consumption of tobacco products
- Possession of any type of weapon
- Engagement in any type of violent activity
- Engagement in any sexual activity or sexual harassment

Any violation of these expectations will be handled on an individual basis with the Leadership Team and Professional Staff of Blooming Grove Christian Church and may include calling parents/guardians to come to remove the student from the Student Ministry activity.

We are requesting the support of both parents and students in meeting these expectations, and your signature at the bottom of this document is an indication of your support.

Printed Name of Student

Printed Name of Parent/Guardian

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Student Pastor

Date

Participant Health Information

Please print clearly

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Emergency Contact Person _____

Phone # _____ Cell Phone # _____

The above-named minor has the following known allergies or health conditions requiring treatment, restriction, or other accommodations:

The above-named minor is currently takes the following medications:

Emergency Medical Authorization

Permission is hereby granted to the attending physician, consulting physician, or emergency physician selected by the Group Leader(s) of Blooming Grove Christian Church to proceed with any medical or surgical treatment, x-ray examinations, blood transfusions, laboratory tests, or other treatment deemed in the best interest of the above-named minor.

I understand that an attempt will be made by the hospital to contact me. If contact is not made, I authorize treatment for the best interest of the above-named minor. I hereby certify that I am the parent or lawful guardian of said minor.

Signature

Relationship

Date

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____

Group/Policy # _____

Please attach a copy of insurance card.

Over-The-Counter Medication

I (parent/guardian) hereby give permission for the adult advisors of Blooming Grove Christian Church to administer the following over-the-counter medications if they deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

		Yes or No	Preference
Headache/minor aches & pains	Tylenol or Advil	_____	_____
Upset Stomach	Pepto Bismol	_____	_____
Diarrhea	Immodium AD	_____	_____
Insect Stings	Benadryl	_____	_____
Poison Ivy	Calamine Lotion or Cort Aid	_____	_____

Signature of Parent/Guardian

Date

All other medication (over-the counter or prescription) must be provided in an original bottle with dosage instructions provided.

Authorization to obtain/utilize images

The undersigned hereby agree(s) to allow Blooming Grove Christian Church (hereinafter, "BGCC") to use his, her or their image(s) (photographed or videotaped) on the BGCC website, in BGCC brochures, BGCC PowerPoint presentations, or in video form, in materials promoting and publicizing the activities and aspirations of the church, without remuneration, and agrees to hold BGCC harmless from any claims either for payment or that may arise from the use of said image(s).

Signature of Parent/Guardian

Date

Liability Release (Release of All Claims)

In consideration for my student's participation in Blooming Grove Student Ministry activities (including weekly events, retreats, overnights, trips), I, being 18 years of age or older, do hereby release my student to the care of staff and volunteers of Blooming Grove Christian Church. Furthermore, I indefinitely discharge and agree to hold Blooming Grove Christian Church staff and volunteers thereof harmless and free from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said minor is participating in the above described activities.

I, on behalf of my child-participant (if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expenses due to participation in recreation activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said church, its staff, volunteers and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I am the parent or legal guardian of this participant, and hereby grant my permission for my student to participate fully and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I assume the responsibility of all medical bills, if any.

Signature of Parent/Guardian

Date