

# PARTICIPATION AGREEMENT 2018-2019

## Student Information

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Level in September 2018 \_\_\_\_\_

School \_\_\_\_\_

## Parent/Guardian Information

**Mother's Name** \_\_\_\_\_

Same Home Address as Student? \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Same Home Address as Student? \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contact (not Parent/Guardian)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

## Physician Information

Primary Care Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

## Medical Insurance Information

Company Name \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

## Medical Information

good swimmer     fair swimmer     non-swimmer

Does your student have allergies to:

medication \_\_\_\_\_

food \_\_\_\_\_

pollen     insect bites     other \_\_\_\_\_

Does your child currently, or have they ever, suffered from or been treated for any of the following:

asthma     epilepsy/seizure disorder     heart problems

diabetes     frequent stomach upset

physical impairment \_\_\_\_\_

other \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

List any current medications/dosages \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Does your student wear:     glasses     contact lenses

Please list and explain any major illnesses your student experienced during the past year:

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Should this student's activities be restricted for any reason? Why?

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Include any additional information that would help us effectively care for your child:

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**Parent/Guardian MUST ANSWER Yes or No:**

\_\_\_\_\_, I, the student's parent/guardian, grant permission for a designated driver to transport my child to and from any and all youth activities. I hereby give permission to the medical personnel selected by the Southminster staff to order X-rays, routine tests, treatment and necessary transportation for my child in the event of a medical emergency. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Southminster staff to secure and administer treatment, including hospitalization, for my child.

**Parent/Guardian MUST ANSWER Yes or No:**

\_\_\_\_\_ I give Southminster permission to use any photographic or video image of my child for use on the Southminster website and social media sites and for promotional uses. Southminster will not include the full name of any persons in any image or video.

**Parent/Guardian:**

The SAFE CHURCH POLICY is available on the home page of our website at [www.spchurch.org](http://www.spchurch.org). Please contact the church office if you wish to have a hard copy provided to you.

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

Student Signature: \_\_\_\_\_

# COVENANT

## STUDENT COMMITMENT

I \_\_\_\_\_, agree to the following in order to participate in the Southminster Presbyterian Church Youth Ministry Program:

- I will arrive on time and come with an open mind and heart.
- I will be respectful of all staff, adult leaders and my peers.
- I will be respectful of the property and pick up after myself.
- I will follow directions and willingly participate in discussions and activities.
- I will not come to the gatherings under the influence of alcohol or drugs.
- I will not bring any drugs, illegal substances, contraband, weapons, cigarettes or inappropriate visual materials to the gatherings.
- I will not threaten anyone, act violently or inappropriately, or use profane language.
- I will remain until the end of the gathering unless I have notified the leader in advance with a note from my parent / guardian.
- I will act in a Christian manner at all times and respect the opinions of others.
- I will adhere to the Electronic Communication Guidelines as outlined in the SPC Safe Church Policy (section III.C.), especially the prohibited use of any form of electronic communication with a leader or staff member which does not allow for some kind of record (such as Snapchat).
- I will attend at least 50% of Sunday School/Youth Café and/or Youth Group (Sojo, Hub) sessions in order to be eligible to attend retreats and mission trips.

*If I violate any condition of this agreement, I understand that my parents / guardians will be contacted and will be required to pick me up immediately. I understand that I will not be permitted to future gatherings until my parents / guardians, youth ministry leader and I meet to discuss my future participation.*

## PARENT COMMITMENT

I, \_\_\_\_\_, agree to the following conditions for our son/daughter to participate in the Southminster Presbyterian Church Youth Ministry Program:

- I will discuss the above terms with my child.
- I understand that transportation to and from church activities is my/our responsibility.
- I will support the efforts of the Youth Ministry Leaders and will volunteer as I am able.
- I will pick my child up if called to do so immediately due to disciplinary action and agree to meet with the youth director to discuss my child's future participation.
- If my child must leave early, I will write a note stating the time for pick up and come to the door of the meeting place to meet him/her.
- I acknowledge the Safe Church Policy is available to view at [www.spchurch.org](http://www.spchurch.org) and I recognize the importance of reading it and reviewing it with my child.
- I will ensure that my child attends at least 50% of Sunday Church School and/or Youth Group (Sojo, Hub) sessions in order to be eligible to attend retreats and mission trips.

Date: \_\_\_\_\_

Date: \_\_\_\_\_