

Parental Consent and Liability Release Form for the District Youth Retreat@ OOTB

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN: The undersigned do(es) hereby give permission for our (my) child(ren):

_____ ("Participant"), to attend and participate in **The Eastern Shore District Fall Youth Retreat at Camp Occohannock** sponsored by the **Eastern Shore District and Virginia Conference of the United Methodist Church November 12th-14th, 2010. Participants should arrive at camp on November 12th at 7pm and should be picked up on the 14th at 11:00 a.m.**

LIABILITY RELEASE: In consideration of **The Virginia Conference** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **The Virginia Conference**, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental 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 Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church 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.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **The Virginia Conference**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO RELEASE: I grant ___do not grant ___ permission for my child to be photographed for possible inclusion in a OOTB or UMC publication or video.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Medical Insurance: YES ___ NO ___ Insurance Company: _____ Policy/Group# _____

Emergency Contact with Phone #'s in case parent/guardian cannot be reached _____

Allergies or Medical Conditions: _____

Permission to give Tylenol? YES ___ NO ___ Other medications? Please list any medications your child will need to take during the retreat and how often they need to be taken. Medications should be given to retreat staff upon arrival and an adult will maintain your child's' medication schedule.

MEDICATION: _____ INSTRUCTIONS: _____

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Additional medications with instructions on back page? Yes ___ No ___

COST: Registration and participation, including all expenses is \$60.00. Checks should be made payable to ESDUMC (Eastern Shore District UMC) and sent or faxed to P.O. Box 317, Parksley, VA 23421 FAX: 757-665-6295 (call 665-6295 first before you fax your document)

Please contact Peter Surran @ 709-1480, Connie Owens @ 665-6295, or Karen Hatch@414-0339 with questions or scholarship inquiries. **Registration deadline is November 1, 2010. Early registration is strongly recommended as space is limited. We anticipate a full camp.**

Youth Covenant of Conduct

During the meetings and events under the sponsorship and guidance of the Virginia Conference, I recognize that I am a representative of the Christian Community and I am responsible for my actions. I understand that by signing this Covenant, I agree to abide by the following guidelines:

I Shall:

- ☺ Recognize that everyone in the group is a part of the body of Christ. I will embrace inclusiveness by making sure that everyone feels welcome and important.
- ☺ Respect the physical and emotional well-being of others by "doing unto them as I would have them do unto me." (This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.)
- ☺ Respect the health of my own body by refraining from the use of tobacco, alcohol, and illegal drugs. I understand that the use of these substances is absolutely prohibited.
- ☺ Respect the things I use and the property of places I visit. The areas used for all events, including transportation, shall be left clean.
- ☺ Participate fully in ALL scheduled group activities and abide by additional group guidelines made during Annual Conference.
- ☺ Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection.
- ☺ Follow all instructions given by group leaders and chaperones without protest. (This does not mean an instruction may not be politely and discretely questioned if it seems unreasonable).
- ☺ Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- ☺ Hold safety in the highest regard and refrain from compromising my own safety or another's safety.
- ☺ Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information to other friends outside of the group.

Guidelines for Consequences:

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/guardian will be contacted immediately and will be responsible for picking up the youth from an event or providing for his/her transportation home.

Child/Youth and Parent/Guardian Signature:

In signing this covenant, I vow that I have read and understand these guidelines. I recognize that a covenant is a binding promise, and my signature is testimony that I agree to adhere to the provisions of this covenant.

Signature of Child/Youth _____ Date _____

Signature of Parent/Guardian _____ Date _____

