

**Beacon Church Student Ministries**  
**General Release/Hold Harmless Agreement 2023-2024**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Student Phone : (\_\_\_\_) \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_  
Medical Insurance Co.: \_\_\_\_\_  
Plan/Policy #: \_\_\_\_\_ In whose name: \_\_\_\_\_  
Father's Cell : (\_\_\_\_) \_\_\_\_\_ Mother's Cell : (\_\_\_\_) \_\_\_\_\_  
Father's or Mother's email: \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) request that my child, \_\_\_\_\_,

be allowed to participate in the Beacon Evangelical Free Church Youth Program. This permission slip will be kept on file for all Youth Ministry events from September 13, 2023 – September 13, 2024.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Church, its youth ministry, the minister of youth, the ministry's officers, and any parties volunteering on behalf of the Church or its youth ministry from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the Activities.

I acknowledge that this is a full and complete release for all injuries and or damages, which the above student may sustain as a result of participating in the Activities.

I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/guardian.

I give permission for my teen to meet alone with an adult youth ministry staff member of the **same** sex during times of counseling or one on one conversations.

**Photo Release:** I give permission to Beacon Student Ministries to post pictures taken of my teen at events on their website and to display them on the bulletin board.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**(MORE ON BACK)**

### YOUTH RULES/RESPONSIBILITIES

1. I will respect the right of each person to come and have fun.
2. I will conduct myself in a responsible manner.
3. I will be drug free (this includes alcohol and tobacco).
4. I will respect and cooperate with all adults present.
5. I will remain in the youth room or other chosen facility until the event is over.
6. I will be responsible for any guest I bring and will inform him/her of the Youth Ministry rules.
7. I will be responsible for my own belongings (cell phone, clothing, etc.)
8. I will put my phone away in the appropriate place during youth group
9. I will consider the way I dress (Guys and girls: No underwear showing)

FAILURE TO COMPLY WITH THESE RULES MEANS IMMEDIATE DISMISSAL FROM THE YOUTH MINISTRY FUNCTION AT THE EXPENSE OF THE PARENTS/GUARDIANS. THE STUDENT WILL NOT BE PERMITTED TO RETURN UNTIL THE MATTER HAS BEEN RESOLVED WITH THE PASTOR OF YOUTH MINISTRY, THE STUDENT AND THE PARENTS/GUARDIANS.

I agree to comply with all the above rules and regulations:

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

### Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Circle the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:  
good-swimmer   fair-swimmer   non-swimmer
2. Does your child have allergies to (please elaborate below if necessary):  
pollens   medications   food   insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
asthma   epilepsy / seizure disorder   heart trouble   diabetes  
frequently upset stomach   physical handicap
4. Date of last tetanus shot:
5. Does your child wear:   glasses   contact lenses

Additional comments: