

Effective Dates: **September 1, 2007** thru **August 31, 2008****Please Print in Black or Blue Ink****FOR OFFICE USE ONLY**

- Student Signature
 Parent Signature
 Allergies
 Health Conditions
 Complete

INITIALS

General InformationName: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLEYear in School: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell / Pager: _____

Mother's Name: _____ Home: _____ Work: _____

Father's Name: _____ Home: _____ Work: _____

Emergency Contact: _____ Home: _____ Work: _____

Medical Insurance Provider: _____ Policy No.: _____

Physician: _____ Office: _____

Dentist: _____ Office: _____

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 student 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.

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

- For your student's safety and our knowledge, is your student a
 good swimmer fair swimmer non-swimmer
- Does your student have allergies to
 pollens penicillin other medications food insect bites
 If you checked any boxes above please list: _____
- Does your student suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy/seizure disorder heart trouble diabetes frequent upset stomach physical handicap
- Date of last tetanus shot: _____
- Does your student wear
 glasses contacts
- Please list and explain any major illnesses the child experienced during the last year:
- Additional Comments:
- Should this student's activities be restricted for any reason? yes no
 If yes, please explain:

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Student Consent

For your information, we expect each student to conform to these rules of conduct:

- No electronic devices (cell phones, cd/mp3/8track players, big screen tvs, etc)
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No guys in girls' sleeping quarters and no girls in guys' sleeping quarters
- Participation with the group is expected
- Respect church & Thrive property as well as others' property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

→ **Student signature:** _____ **Date:** _____

Parent Consent

Activities may include, but are not limited to: baseball, softball, volleyball, basketball, flag football, downhill skiing, snowboarding, hiking, biking, concerts, cookouts, boating, water skiing, swimming, rollerskating, rollerblading, games in the park, soccer, ice skating, camping, Bible studies, golfing, miniature golf and hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Thrive Student Ministries Director prior to that event.

→ **STUDENT NAME** _____ has my permission to attend all youth activities sponsored by **Silverdale Baptist Church and Thrive Student Ministries** from September 1, 2007 thru August 31, 2008.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Silverdale Baptist Church, Thrive Student Ministries and their staff of any liability against personal losses of above named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Silverdale Baptist Church and Thrive Student Ministries. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Silverdale Baptist Church and Thrive Student Ministries, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Silverdale Baptist Church and Thrive Student Ministries, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a Thrive staff member.

→ **Parent/Guardian signature:** _____ **Date:** _____