

COVENANT OF CONDUCT- to be read & signed by youth

In all meetings, retreats or other events under the sponsorship and/or guidance of First United Methodist Church of Palo Alto, I am a representative of that Christian community. I am responsible for my actions. I understand that the following Covenant of Conduct will be followed. I also understand that failure to do so may result in a call to my parents to come pick me up.

- The illegal use of drugs and the use or possession of alcohol and tobacco and cigarette lighters is prohibited.
- The use or possession of all weapons is prohibited.
- All conduct shall be in keeping with Christian regard and respect for all persons. Therefore teasing, put-downs, cursing, and sexist language will not be tolerated.
- All individuals are expected to participate in all group activities.
- All dress shall be in good taste. Revealing clothes and t-shirts with offensive slogans are not allowed.
- The areas used for meetings, retreats, games, etc. shall be left clean. All persons are expected to help clean up.
- The use of electronic devices such as cell phones, games, ipods, etc. is not permitted during group time.

I, (print your name) _____ have read and understand the Covenant of Conduct. I agree to follow it to the best of my ability.

Signature _____ date _____

***AGREEMENT WITH INTENT TO SUPPORT
to be read & signed by parent/guardian***

I have read the above Covenant of Conduct. I understand that I will be called to come and pick up my son/daughter if they are uncooperative, unkind, or are not willing to fully participate, to the best of their ability, in an event.

Signature _____ date _____

Parents check: In the event of an emergency I know how to reach the pastors and/or youth leaders who are participating with a UMYF event.

PERMISSION SLIP - to be signed by parent/guardian

My son/daughter has my permission to participate in youth activities & events with First United Methodist Church of Palo Alto.

Signature of parent/guardian_____

Date_____

Please list any physical or behavioral conditions that pastors and adult counselors should be aware of _____

AUTHORIZATION AND CONSENT FOR TREATMENT OF A MINOR

I (we) the undersigned parent(s) of _____, a minor, do hereby authorize the adult workers with the youth of First United Methodist Church of Palo Alto as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

Signature of parent/guardian_____

Date_____

CONTACT INFORMATION (PLEASE PRINT)

Parent's name_____

Parent's name _____

Home address including city and zip code

Home phone_____

Cell phone_____ Work phone_____

Other emergency name and phone number

Insurance Company name_____

Group #_____Subscriber #_____