

## Student Agreement

**For your information, we expect each student to conform to these rules of conduct while under Bethany Baptist Church's care:**

- No possession or use of alcohol or drugs
- No fighting, weapons, fireworks, lighters, or explosives
- Respect property
- Respect peers, 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 where applicable.**

I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

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

Parent/guardian initial: \_\_\_\_\_

## Parent Agreement

*Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Youth Pastor prior to the event.*

Information collected will be used for this student ministry and may be used for future contact in connection with Bethany Baptist Church to keep you informed of the available program options.

Pictures and videos of my child may be used for the purposes of student ministries, and may be used for the church program purposes. We will never share information about your children when using these photos online.

Parent/guardian initial: Yes \_\_\_\_\_ No \_\_\_\_\_

**This consent form gives permission to Bethany Baptist Church to seek whatever medical attention is deemed necessary to treat any injuries or ailments that my child could encounter.**

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 organized by Bethany Baptist Church. Activities may include, but are not limited to: camps, potlucks, trips to community businesses (Starbucks, 7-11, etc.), athletic games, full church games, swimming, concerts, Bible studies, Sunday programming and offsite day events. I/We understand that there are inherent risks involved in any ministry or athletic event including, but not limited to the following: Sprained or broken limbs, concussion, bruises, and cuts. In the event that my/our child 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 Bethany Baptist Church, I/we agree to hold such person free and harmless for 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 expense should they become ill or if deemed necessary by the staff of the student ministry program. I/we also agree to hold harmless and indemnify the releases from any and all liability for any property damage or personal injury to any third party resulting from my child's participating in the Bethany Baptist Church's Student Ministries Program.

Name of Child: \_\_\_\_\_ has my permission to attend all Bethany Baptist student ministry activities from **July 1, 2019 to August 31, 2020.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Student Ministry Witness: \_\_\_\_\_