

**A COVENANT OF CONDUCT, MEDICAL RELEASE, AND MEDIA RELEASE FORM**  
**for PARTICIPANTS IN YOUTH MINISTRY EVENTS, CONFIRMATION, AND SUNDAY SCHOOL**  
**sponsored by FIRST UNITED METHODIST CHURCH of MIDLAND, MICHIGAN**

**FOR ALL EVENTS AND TRIPS WITH TRAVEL from September 1, 2016 through August 31, 2017**

**COVENANT of CONDUCT**

In all meetings under the sponsorship of First UM Church, I am aware that I am a representative of that Christian community, and that I am responsible for my own actions. I understand the following guidelines will be followed:

1. All conduct shall be in keeping with the highest Christian regard and respect for all persons.
2. All individuals will be expected to participate in group activities.
3. Adults must know where you are at all times.
4. The area used for the meeting, program or trip shall be left clean.
5. The illegal use of drugs or alcoholic beverages or tobacco is prohibited.

I, \_\_\_\_\_, have read and understand the Covenant of Conduct above. I agree to abide by it to the best of my ability and understand that blatant disregard for the guidelines can result in being sent home at my parents' expense.

\_\_\_\_\_  
*(Signature of Youth)* **Grade in the Fall:** \_\_\_\_\_

**Youth email** \_\_\_\_\_

**Parents:** I have read and agree to support this Covenant of Conduct.

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**Parents email:** \_\_\_\_\_

**MEDICAL RELEASE**

Name of youth \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent name(s) \_\_\_\_\_ Can be reached at (\_\_\_\_) \_\_\_\_\_

Emergency person \_\_\_\_\_ Emergency phone (\_\_\_\_) \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other pertinent information: \_\_\_\_\_

Please include the following:

Health Insurance Co. \_\_\_\_\_ Number \_\_\_\_\_

**Turn in a copy of the front and back of your insurance card with this form.**

I/we understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I can't be reached, I give my permission to the staff and/or accompanying adult leaders to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also understand that I will not hold the First United Methodist Church of Midland or its paid or volunteer staff or accompanying adult leaders responsible for any accident or illness my child may incur.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature**

**MEDIA RELEASE**

Yes. First United Methodist Church (Midland, MI) may post a photograph and/or video of my child on the church's website or use a photograph of my child in their publicity. I understand that photos will not be labeled with names.

No. I ask that First United Methodist Church (Midland, MI) not post photographs and/or videos of my child on the church's website or use a photograph of my child in their publications.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature**