

Christian Heritage Assembly of God

36465 Chester Road Avon, OH 44011

(440) 934-5678

Authorization Release/Disciplinary Clause

(Please note: This form signed and returned is valid for every event for one year)

I, _____, am the parent or legal guardian of _____, (hereinafter, "child" or "youth"), who was born on _____.

My child is attending and participating in activities at Christian Heritage Assembly of God (hereinafter, "church"), located at 36465 Chester Rd. in the city of Avon, county of Lorain and state of Ohio, beginning the day of December 31st, 2009 through January 1st, 2011.

I hereby authorize Rev. Kevin Phipps and his/her officers, agents, sponsors, or employees who are 18 years of age or older, who supervise the activities at Christian Heritage Assembly of God into whose care my child has been entrusted, to consent to medical care or dental care or both for my child *after reasonable attempts to contact parent/legal guardian or secondary emergency contact via phone numbers provided have failed.*

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed to practice when such treatment is necessary and *after reasonable attempts to contact parent/legal guardian or secondary emergency contact via phone numbers provided have failed.*

I further authorize Rev. Kevin Phipps and his/her officers, agents, sponsors, or employees who are 18 years of age or older, who supervise the activities at Christian Heritage Assembly of God to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to Rev. Kevin Phipps and his/her officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at Christian Heritage Assembly *after reasonable attempts to contact parent/legal guardian or secondary emergency contact via phone numbers provided have failed.*

It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Rev. Kevin Phipps and his/her authorized designee, to exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon *after reasonable attempts to contact parent/legal guardian or secondary emergency contact via phone numbers provided have failed.*

I understand that any pictures taken of students during church events will become property of Christian Heritage Assembly of God and may be used for purposes of promoting Christian Heritage Assembly of God.

The undersigned, being the parent or legal guardian of the above named teenager, hereby authorizes and holds harmless, Christian Heritage Assembly of God church of Avon, OH, and pastors/leaders jointly and personally, from any act or acts, and all claims of liability arising from the participation and transportation of said teenager in church activities *except for acts of gross negligence.* The undersigned has read all sections of this form. **Youth pastors/leaders retain the right to contact the undersigned to pick up the stated youth, or send home the stated youth at the undersigned's expense if the youth intentionally disregards the stated contract.** In such cases, the parent/legal guardian will be notified immediately regardless of time of day. If the parent/legal guardian cannot be reached, the secondary emergency contact will be notified. FOR EMERGENCIES ONLY, REV. KEVIN PHIPPS CAN BE REACHED AT (440) 864-9290.

Signature of Parent/Legal Guardian _____ Date _____

Witness _____ Date _____

Additional Information

Parents/Legal Guardians Names

Address

City

State

Zip Code

Home Phone

Work Phone(s)

Cell Phone(s)

Parent/Guardian to contact in case of emergency

Relationship to Minor

Secondary Individual to contact in case Parent/Guardian cannot be reached

Relationship to Minor

Medical/Health Insurance Company (*if applicable*)

Insurance Policy Number (*if applicable*)

Allergies/Allergic reaction of my child

Medicine being taken by my child

Date of Last Tetanus Shot

Other information regarding my child's health that a doctor should know

Are there restrictions as to someone picking up your child? Is so, whom?

Christian Heritage Assembly of God Student Behavioral Contract

RULES

- A. No drugs/alcohol/tobacco products.
- B. No fireworks, matches, lighters, knives, or weapons.
- C. No shaving cream/eggs/water balloons, etc. for pranks.
- D. No guys in girl's rooms (& vice versa).
- E. Obey retreat schedule and curfews.
- F. No behavior that may endanger yourself, others, or others' property.
- G. No CD Players, MP3s, video games, TVs (unless otherwise noted) (Cell Phones are acceptable).
- H. Respect and obey leaders at all times.

YOUTH CONTRACT

I, the below named teenager, agree to uphold my end of this contract and, in so doing, will comply with the schedule, duties and behavior as listed here or given at event. I will follow the instructions of the youth leaders, and I understand that ***if I do not, my parent/legal guardian may be notified to pick me up or pay for my transportation home regardless of time of day. In addition, I understand that I may be suspended from future trips.*** Intentional disregard for any of the above stated rules, or any other behavior deemed inappropriate by the youth pastors/leaders may result in disciplinary action pending the youth pastor's discretion.

Signature of Student _____ Date _____

Witness _____ Date _____