

# Student Participation Form



Winter Retreat  
February 25-27th

**To Be Filled Out by Parent/Guardian:** (please print clearly)

Name of Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Student 2021-2022 Grade: \_\_\_\_\_ Student T-Shirt Size \_\_\_\_\_

## **Emergency Contacts:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

## **Participant's Medical Information:**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Medical Requests/Restrictions: \_\_\_\_\_

Food Restrictions (allergies, vegetarian, etc.) \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

- If bringing medications on the trip, make sure they are in their original prescription containers with your student's information on them. Students are responsible for taking their own medications on time and keeping them safe.
- If new prescriptions are added after this form is completed, please update this form a week prior to the trip to reflect those changes.

## **Insurance Information**

Howell First United Methodist Church and its representatives will only use this information in the case of an emergency and when the above listed emergency contacts cannot be reached:

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please continue to backside →**

## Authorization for Treatment/Release of All Claims

**Participant Name** \_\_\_\_\_

I/We, the parents or legal guardians of the above-named participant, give consent for our youth to attend the 2022 Winter Retreat with Howell First United Methodist Church to Grace Adventures Camps (or are of legal consenting age myself).

### **Medical Release Agreement**

If the above-named participant is injured while attending the trip and requires the attention of a doctor, I/we give consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/we further agree to hold the licensed physician, the medical facility, Howell First United Methodist Church, Grace Adventures, and their representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

### **Transportation Home Agreement**

I/we understand that the adult leaders of Howell First United Methodist Church may need to send a participant home as a result of illness or disciplinary action. I/we understand that if a child needs to be sent home, that he/she will be sent home at expense of the parent/guardian. The lead adult of our group will contact the parent or guardian to arrange such transportation.

### **Liability Release Agreement**

I/we understand that there are inherent risks involved in any youth event. Such risks may include, but are not limited to, the risk of injury from transportation, the risk of physical injury from play equipment, and exposure to disease or other illness. Knowing this, we hereby release Howell First United Methodist Church, Grace Adventures, and their representatives from any liability due to any reasonable injury or property damage incurred by my youth.

### **Photo & Video Release Agreement**

Unless otherwise noted, signing this form will release to Howell FUMC the rights to photos, video or other images of this student taken during the winter retreat for use in church publications.

I/We agree to the terms listed above. I/We also agree that the medical information given is accurate to the best of my/our knowledge:

**Parent/Guardian:**

\_\_\_\_\_  
(Parent/Guardian Name – Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

# Youth Code of Conduct

Winter Retreat  
February 25-27th



>> To be read & signed by the Youth & Parent <<

We are pleased to have you as a participant for the Winter Retreat this year! Whether you are a member of Howell First United Methodist Church or a guest, our Youth Code of Conduct is based on the expectation that we will conduct ourselves in a Christian manner during ALL winter retreat related activities. This includes but is not limited to: riding in vehicles, using cabins or restrooms, using the dining hall, playing in gyms or other buildings, using the beach or sports fields, and when using game equipment.

The following is a statement of conduct to be read and agreed upon with your (the youths) signature. It is important that you discuss this code with your parents/guardians, and that you ALL understand this code. This code shall be signed and turned in by Sunday, January 30<sup>th</sup>.

1. I will respect, listen to, and cooperate with the youth director and all other adult leaders of Howell FUMC and Grace Adventures at *all* times.
2. I will respect the campgrounds which we are using for the Winter Retreat. I will do my best to keep all areas of the lodging facility and other buildings clean and free from litter. I will respect the property and grounds serving as my "home" for the weekend. I understand that it will be my personal responsibility to repair or replace any property I damage.
3. I will respect my peers. I understand that bullying will NOT be tolerated under any circumstance. As a youth group, we are committed to a safe and civil environment for all students, employees, volunteers and visitors, free from harassment, intimidation or bullying. This includes but is not limited to any intentional written, verbal, or physical act that:
  - a. Harms a person physically, mentally, or spiritually
  - b. Damages a person's property
  - c. Has the effect of substantially interfering with a person's spiritual education
  - d. Is so severe, persistent, or pervasive that it creates an intimidating or threatening environment
  - e. Has the effect of substantially disrupting the orderly operation of the trip
4. I will reflect a Christian attitude in all personal relationships. Inappropriate Public Displays of Affection (PDA) such as kissing or any action sexual in nature, etc. are not permitted during any Summer Retreat related activity.
5. I will refrain from using profanity, exhibiting improper behavior, using alcohol or illegal substances and possessing drugs and/or weapons.
6. I agree to stay with the group/on the campus at all times. I understand that I cannot leave the Grace Adventures campus without the permission of a Howell FUMC leader. This will result in me being sent home from the retreat at Parent/Guardian expense.

**Please continue to backside →**

**Failure to comply with our Statement of Conduct:**

Students are expected to follow the Code of Conduct as set forth above. When behavior contrary to our statement of conduct occurs, the adult observing the behavior, or to whom the behavior is reported, shall address the person(s) responsible with a clear request that the behavior be stopped, changed, or avoided. The Youth Director shall also be made aware of the situation. Discipline will be related to the severity of the incident and includes the following: a verbal warning, parent notification, time out from the group/event, or dismissal from the retreat at the expense of the parent/guardian.

**To be signed by Participant and Parent/Guardian:**

I have read, discussed, and understand the Howell FUMC Youth Code of Conduct.

By signing this form, along with my parent/guardian, I agree to follow each of the above rules. I understand that such policies help to ensure the physical and spiritual safety of all who participate in the event, whether that be other youth, leaders, or the community we are visiting.

**Student:**

\_\_\_\_\_  
(Student Name – Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

**Parent/Guardian:**

\_\_\_\_\_  
(Parent/Guardian Name – Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)