



"For I am not ashamed of the gospel: for it is the power of God unto salvation" Rom 1:16

Please complete one for each child involved in One 16 Youth Group

Effective dates: 1 May 2009 – 1 May 2010

Students

Name _____ Age _____ Birthday _____

School Grade _____ Male _____ Female _____ E-mail _____

Address _____ Suburb _____ City _____

Phone home _____ Phone Cell _____

Mothers Name _____ Phone Home _____ work _____

Fathers Name _____ Phone Home _____ Work _____

Doctor _____ Office phone number _____

Parents _____ Divorced _____ Married _____

Medical History

If necessary describe in detail the nature and severity of any physical and or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject, and the leadership of the youth should be aware, and what if any action of protection is required on account thereof. Please include names of medications and dosages that must be taken

For your child's safety and our knowledge is your child:

1. ___ Good swimmer ___ Fair Swimmer ___ Non Swimmer
2. Does your child have any allergies ___ yes ___ No
If Yes, please describe allergy and treatment
3. Does your child suffer from, or has ever experienced, or being treated currently for the following
___ Asthma, ___ Epilepsy / seizure disorder ___ Heart trouble ___ Diabetes
4. Date of last tetanus shot: _____
5. Does your child wear Glasses ___ Contact lenses ___ None _____



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For your information we expect your child to conform to these rules of conduct, and to sign acknowledgement in the space below

1. No possession of alcohol, drugs, or tobacco
2. No students can drive without a valid driver's license
3. No fighting, weapons, fireworks, lighters or explosives
4. No offensive or immodest clothing
5. No boys in girls sleeping quarters and no girls in boys sleeping quarters
6. Participation in group activities is expected
7. Respecting the church, youth or any other property
8. No vandalism
9. Language that is befitting the values of One 16 Youth
10. Respect the leadership
11. Respect one another, staff, and adult leaders
12. Comply with the event schedules and rules
13. Respect the adult congregation in language and conduct

Students who fail to comply with these expectations may be sent home and repairs to property that has been damaged as a result of non compliance will done at the expense of the parent or Guardian

I the student have read the rules of conduct, the above evaluation of my health, and permission to participate in group activities. I agree to abide by the stated personal limitations and code of conduct.

Student's name
(printed): _____

Student
signature _____ Date _____

Activities may include but are not limited to: Swimming, basket ball, games in the park, soccer, broom ball, Ice skating, volley ball, base ball, camping, hiking, concerts, bible studies, miniature golf, rock climbing, mission trips, small group trips, youth camps, and more. *Please note that if you wish to limit your child's participation please submit your wishes in writing to Leon Chapman prior to that event.*



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Starting times:

As a general rule Friday nights youth gatherings will start at 19H00 and finish at 21h30. A kind request is that parents / guardians collect their child / children from the youth hall. We prefer not to have students wait in the car park for their parents. Should the event have a later finishing time , you the parent will be informed as such.

Sunday morning services start at 09h00 and end at 10h30

Student name: _____ has my permission to attend and participate in all youth activities.

Sleep over / camps etc will have specific registration forms that will require parent / guardian signatures.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Choose Life Church and its staff or those placed in leadership of any liability against any personal loss of named child.

I/we understand have legal custody of the student above, a minor, and have given our consent to attend events being organized by One 16 youth group, representing the youth of Choose life church.

I /we understand that there are risks involved in any ministry, or athletic event, and we hereby release the church, its pastors, employees, agents, and volunteer workers from any liability and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/ she is injured and requires the attention of a doctor, I/we consent to reasonable medical treatment deemed necessary by a licensed Physician. I /we agree to hold such a person free and harmless of any claims, demands, suits, arising from giving such consent. I/we also understand that we will be ultimately responsible for the cost of medical care should the cost of such not be covered by our medical aid. Furthermore, we affirm that the health information provided is accurate at this date

Parents / Guardians name(Printed)_____

Parents / Guardians Signature_____

Date_____