2022-2023 Bay Area Community Church Student Ministry Annual Permission/Consent/Liability Release and Conduct Form

This form must be completed and returned to Bay Area Student Ministry before any student may participate in any BASM event.

Participant's Full Legal Name:			Age: Birth Date:		-
Address:					
	Cell Phone:				
E-mail:					
School:		Grade:	Graduation Year:		
Parent/Guardian's Name:					
Parents Cell:	Parent E-mail:				
) permission for our (my) child: rea Student Ministries events during t d to:				_ to ber 1,
BASM Events	Minton Mallalanas Datus at				
Fall Retreat	Winter Meltdown Retreat				
BASM Hangouts					
BASM Serves Annapolis	First Friday				

LIABILITY RELEASE

Victory Jam

In consideration of Bay Area Community Church (herein referred to as BACC) allowing the Participant to participate in BACC Student Ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless BACC, its employees, and its volunteers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the BACC event. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in BASM events, including trips away from the church property.

Big Beach Weekend

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to BACC to furnish any necessary transportation (within the limitation of church insurance and the law), food, and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify BACC for any liability sustained by BACC as a result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor Participant pursuant to this authorization.

EARLY RETURN HOME POLICY

Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTOGRAPH / VIDEO PERMISSION

All photos, videos, and audio tapes of my child captured by BACC Student Ministries are also released to BACC Student Ministries for promotional purposes such as brochures, videos, web pages, etc.

STUDENT CODE OF CONDUCT

My child and I understand that the BACC Student Code of Conduct is applicable to the Participant at all times while involved with BACC Student Ministries and the sponsored activities and events. My child and I agree to:

- Recognize that everyone in the group is a part of the body of Christ. I will help everyone feel welcome and important.
- Respect the physical and emotional well-being of others by "doing unto them as I would have them do unto me." This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.
- Respect the health of my own body by refraining from the use of tobacco, alcohol, illegal drugs and weapons. I understand that
 the use of these substances is absolutely prohibited. They will be confiscated and parents and/or authorities contacted
 immediately.
- Respect the things I use and the property of the places I visit. The areas used for all events, including transportation, shall be left clean.
- Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection.
- Follow all instructions given by leaders/chaperones without protest. An instruction may be politely and discreetly questioned.
- Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- Hold safety in the highest regard, and refrain from compromising my own safety or another's safety.
- Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information outside of the group.
- Take the initiative to inform my guests of their responsibility to follow these guidelines when they visit or participate in an event.

GUIDELINES FOR CONSEQUENCES

MEDICAL INFORMATION

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/guardian will be contacted immediately and will be responsible for picking up the minor Participant from an event or providing for his/her transportation home.

Covered by medical insurance: YES: NO:	
Insurance Company:	Policy/Group ID #:
Allergies or Medical Conditions/Dietary Needs:	
Prescriptions or Medicines: *	
*All Participants are responsible for their own medications administering of any medication.	. BACC Student Ministry will not be liable or responsible for the
EMERGENCY CONTACT INFORMATION	
Name of Emergency Contact (if Parent/Guardian cannot b	e reached)
Relationship to Participant:	Phone Number:
STUDENT/PARTICIPANT AND PARENT/GUARDIAN SIG	GNATURES
read and understand these guidelines. I recognize that this	ty Release and Student Conduct Form is an acknowledgement that I have is a permission slip, medical release, liability release, and code of conduct provisions of this Release Form and submit to BACC Student Ministries.
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
Student/Participant Signature:	Date: