



Dear Parents and Guardians,

We are so glad you've decided to be part of our ministry. This Guardian Consent Packet is filled with information and items we need you to fill out. This information will help us ensure the safety of your student. The packet must be completed and returned to Morgan DeRieux before your student can participate in any major activity or event. Enclosed you will find a medical release form, and general rules and guidelines for you to look over and sign. These forms are good for one calendar year. Families must fill out one packet for each participant.

We are doing this to ensure a safe environment for your teen. We want your child to get the most out of the trips we will take.

We appreciate your cooperation and understanding. We look forward to having a fun year with your Child!

Sincerely,

Morgan DeRieux

**In case of an Emergency for your information:**

Morgan DeRieux: 301.751.1311

His wife Rebekah: 301.395.8332

**This page is left blank for double sided printing.**

## General Rules and Guidelines

We strive to be as amiable as possible; however, there are certain things that can NOT be tolerated. We have to be concerned with the safety and well-being of the entire youth body. We believe that the body of Christ is us, the church, and we have to think of the entire body when it comes to certain activities and behaviors. By signing this form you have agreed to our terms and conditions. If you do not sign this form **then we cannot allow your child to participate** in any activity or event.

The following actions **WILL** cause immediate ejection from the activity or event. This means that the participant will be sent home at their parent's or guardian's expense. In most cases, the parent or guardian will be required to come and get their child. However, if it is deemed necessary, we will send your child home via public transportation (e.g. bus, plane, or train) or by one of the other counselors. This too will be at your expense.

- Any kind of sexual promiscuity
- Possession and/or use of alcohol or illegal drugs
- Possession or use of fireworks or **ANY** kind of weapon.

The following actions **COULD** cause immediate ejection from the activity or event. Participants could be asked to come home at their parent's or guardian's expense at the sole discretion of the youth pastor and/or other volunteers. If necessary, we will send your child home via public transportation (e.g. bus, plane or train). This too will be at your expense.

- Fighting or any other type of physical altercation.
- Insubordination. Your child **MUST** listen and obey the direction of leaders and the rules of the establishment where the activity or event is being held.

We hope that we do not have to make use of these rules. Our aim is to minister to your children. While ministry is our key goal, fun is also a goal. However some fun can get carried away, as well as some youth having fun. These actions can result in damage or breakage to property, and if it has been determined that your child was a participant, you will be responsible for any expenses incurred.

---

(Parent or Guardian Signature)

---

(Participant's Signature is also required)

---

(Parent Print)

---

(Participant Print)

**Medical Consent and Liability Release**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Cell #: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_ Grp# \_\_\_\_\_ Member ID \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

**Please list any other medical concerns below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any allergies your child has and the severity of them.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued on next page)

I, the undersigned, hereby further authorize any of the staff, employees, agents and representatives of Belcroft Bible Church (collective "Organizer") to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the Child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the Organizer will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

I, the undersigned, assume all risk of injury or harm to the Child associated with participation in the Activity and agree to release, indemnify, defend and forever discharge the Organizer of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

I, the undersigned, understand that over the course of the year, the Organizer may take pictures of my child at various events. I, the undersigned, understand that by signing on the line below, that I agree to allow the Organizer to use my child's photo on social media sites, or for marketing purposes.

I, the undersigned, understand that as a participant my child may be photographed for promotion of this ministry and I give my consent for these photos to be displayed or printed.

I, the undersigned, do hereby verify that all the information in this packet is correct and do hereby release and forever discharge all employees, sponsors and volunteers affiliated with Belcroft Bible Church, including Morgan DeRieux and/or the sponsors, volunteers, and members of the event promoted from any claims, demands, actions or cause of action past, present or future arising from any damage or injury of my child while participating in the activities or events. I agree that I take full responsibility for the total amount of this event on behalf of my child, even if they have to cancel their participation or are ejected from the event.

This Consent Form may be revoked at any time before the expiration date (January 1st, 2016) with written notice to Organizer.

Parent's Signature/ Date

\_\_\_\_\_ / \_\_\_\_\_