



# BRIDGE

The Youth Group at Milford United Methodist Church

1200 Atlantic  
Milford, Michigan 48381



## PERMISSION SLIP – to be signed by parent / guardian

My son / daughter \_\_\_\_\_ has my permission to participate in youth activities and events with BRIDGE, the youth group of Milford United Methodist Church, which activities may be scheduled from time-to-time during the current program year (continuing until August 31, 2018). The details concerning each event will be explained on an event-specific attachment which, when signed, becomes an integral part of this blanket authorization.

Please furnish information about any medical conditions or limitations of your child, which may be pertinent to his / her participation in youth activities.

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION AND CONSENT FOR TREATMENT OF A MINOR

I, the undersigned parent of \_\_\_\_\_, a minor, do hereby authorize the adult leaders and sponsors of the youth programs of Milford United Methodist Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthesia, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any licensed physician or surgeon, or by the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. I do hereby release, discharge, and agree to hold harmless Milford United Methodist Church, its Youth Director, other church staff, adult sponsors, and other youth from any and all liability associated with injuries or other occurrences.

Insurance Company name \_\_\_\_\_  
Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

## CONTACT INFORMATION (PLEASE PRINT)

Parent's name(s): \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile / cell phone: \_\_\_\_\_

In case of emergency, the following alternate contact details may be used:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature of parent / guardian \_\_\_\_\_

Date \_\_\_\_\_



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## **COVENANT OF CONDUCT- to be read and signed by youth**

In all meetings, activities or events under the sponsorship and / or guidance of Milford United Methodist Church, I recognize that I am a representative of that Christian community. I am responsible for my actions, and I understand that the following Covenant of Conduct will be followed. I also understand that failure to do so may result in the immediate suspension of my participation in the current, and future, youth program event(s).

- The use or possession of illegal drugs, alcohol and tobacco is prohibited.
- The use or possession of all weapons is prohibited.
- Conduct shall be in keeping with Christian regard and respect for all persons.
- All individuals are expected to participate in group activities, to the best of their ability.
- Dress shall be appropriate, avoiding overly revealing clothes and clothing with inappropriate messages or text.
- The areas used for meetings, retreats, games, etc. shall be left clean. All persons are expected to help clean up.
- The use of electronic devices such as cell phones, games, iPods, etc. should be avoided during meetings, activities and events.

I, (print your name) \_\_\_\_\_ have read and understand the Covenant of Conduct. I agree to follow it to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **AGREEMENT WITH INTENT TO SUPPORT - to be read and signed by parent/guardian**

I have read the above Covenant of Conduct, and will encourage my son / daughter to act in a positive and constructive manner during youth meetings, activities and events. I understand that if, during the course of any youth group events, my son / daughter acts in a manner that is uncooperative or unkind, is unwilling to participate in the event (to the best of his / her ability) or otherwise must be excluded from the event for disciplinary reasons, I will be responsible for all associated costs.

Signature \_\_\_\_\_ Date \_\_\_\_\_