

## **Covenant of Conduct for FCC Youth Group Mission Trip**

I agree that as a participant in the Refuge mission trip, I am expected to follow certain standards which promote a healthy event experience for all. In keeping with these standards, I will not bring any of the following to the event:

- Alcohol
- illegal drugs
- fireworks
- firearms
- tobacco products

I will not bring any items which may interfere with the purpose of the event:

- electronic games
- stereos
- skates, skateboards or scooters

I will not engage in any of the following behaviors:

- hazing/bullying
- verbal or physical abuse
- inappropriate sexual behavior

I understand that failure to comply with the above will result in my expulsion from the trip and a phone call to my parent or guardian.

I will not intentionally cause the destruction or abuse of facilities and property.

I agree to follow the daily schedule arranged for the event at all times. At no time will I leave without permission from my youth minister.

I am aware that the event will be providing my meals and that it is not necessary to bring any personal food items on the trip.

I understand that use of personal music devices with headphones will be restricted to sleeping areas.

I understand that there will be no visitors allowed (including family) while this event is in progress and there will be no visitation in rooms designated for the opposite sex.

By my signature on this form, I am indicating that I have read and accept this covenant with the expectation of an experience which leads to my own spiritual growth and enjoyment.

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Signature of Participant

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Signature of Parent or Guardian

## Medical Information and Release Form

Participants name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Hm Phone: \_\_\_\_\_ Wrk Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information:

Insured Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Please list any prescription medications and over the counter Medications,

RX name	Amount	Frequency

Recent hospitalizations? Reason

\_\_\_\_\_

Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

Physical Limitations/Restrictions

\_\_\_\_\_

Are there any conditions, concerns or information we should be aware of?

\_\_\_\_\_

Please check any of the conditions that the participant has had or been subject to?

- |  |  |
|--|--|
| <input type="checkbox"/> ADD/ADHD<br><input type="checkbox"/> Appendicitis<br><input type="checkbox"/> Asthma <input type="checkbox"/> has inhaler<br><input type="checkbox"/> Bed Wetting<br><input type="checkbox"/> Convulsions/seizure<br><input type="checkbox"/> Chronic Infection<br><input type="checkbox"/> Diabetes _____<br><input type="checkbox"/> Fainting<br><input type="checkbox"/> Headaches<br><input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Hepatitis<br><input type="checkbox"/> Heart Problems<br><input type="checkbox"/> Heat Stress<br><input type="checkbox"/> Homesickness/Anxiety<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Recent Illness<br><input type="checkbox"/> Recent Exposure to Contagious<br>disease<br><input type="checkbox"/> Sleepwalking<br>Other: _____ |
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In the event of an emergency, I hereby give permission to the physician selected by the Youth Minister to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for me/my child. I release First Christian Church of Houston and its agents from liability for injuries and agree to be responsible for expenses beyond the limits of the health and accident insurance provided for in the fees.

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Signature of Participant

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Signature of Parent or Guardian

### Personal Information

Participant's name: \_\_\_\_\_ Male:\_\_\_Female:\_\_\_ Age:\_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth:\_\_\_\_\_

City: \_\_\_\_\_ State:\_\_\_\_\_ Zipcode:\_\_\_\_\_

Hm Phone: \_\_\_\_\_ Wk Phone:\_\_\_\_\_ Cell:\_\_\_\_\_

Email address:\_\_\_\_\_

Any other Emergency Numbers or information:

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