

**WORLD CHANGERS YOUTH MINISTRIES (WCYM) ANNUAL PERMISSION / CONSENT /
LIABILITY RELEASE AND STUDENT COVENANT FORM 2010**

This form must be completed and returned to WCYM before any student may participate in any WCYM activity or event.

Participant's Full Legal Name: _____ Age: _____ Birth date: _____

Address: _____ Phone: _____

School: _____ Grade: _____ Parent/Guardian Name(s): _____

Work Phone(s) / Cell Phone(s): _____ / _____ / _____

TO WHOM IT MAY CONCERN

The undersigned hereby give(s) permission for our (my) child: _____ ("Participant"), to attend and participate in New Beginnings Church's WCYM activities, events, and retreats during the calendar year 2010 (from December 31, 2009 to December 31, 2010).

LIABILITY RELEASE

In consideration of New Beginnings Church allowing the Participant to participate in WCYM activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless New Beginnings Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental person injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in WCYM activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assumes all risk of accidental person 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 the Church to furnish any necessary transportation (within the limitations of church insurance and the law), food, and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify the Church for any liability sustained by the Church 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 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 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 child or youth 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.

STUDENT COVENANT OF CONDUCT

My child and I understand that the WCYM Covenant of Conduct is applicable to the Participant at all times while involved with WCYM 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, and illegal drugs. I understand that the use of these substances is absolutely prohibited.
- 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.
- Participate fully in all scheduled group activities and abide by additional group guidelines made during a special event or trip.
- Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public display of affections.
- 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

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 with 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 youth from an event or providing for his / her transportation home.

MEDICAL INFORMATION

Covered by medical insurance: YES: ___ NO: ___ Insurance Company: _____ Policy / Group ID #: _____

Allergies or Medical Conditions: _____

Prescriptions or Medicines: _____

If needed, do you authorize giving pain medicine (e.g. Tylenol or Advil) to your student? YES: ___ NO: ___

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (If Parent/Guardian cannot be reached): _____

Relationship to Participant: _____ Phone Number: _____

STUDENT/PARTICIPANT AND PARENT/GUARDIAN SIGNATURES

My signature on this Annual Permission / Consent / Liability Release and Student Covenant Form is an acknowledgement that I have read and understand these guidelines. I recognize that this is a permission slip, medical release, and covenant for the calendar year of 2010. I commit to abide by the provisions of this Release Form and submit to New Beginnings Church's World Changers Youth Ministry.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Student / Participant Signature: _____ Date: _____