

## Mountain View Baptist Church Youth Group - MVP

Event: \_\_\_\_\_

Date: \_\_\_\_\_

### MEDICAL RELEASE/CODE OF CONDUCT

Participants Name \_\_\_\_\_

Who to call in case of an emergency \_\_\_\_\_

Telephone number \_\_\_\_\_

Please explain any restrictions or limitations affecting participation in the activity.

Be specific \_\_\_\_\_

Any allergies? \_\_\_\_\_ Be specific \_\_\_\_\_

\_\_\_\_\_

Is any special medication required? If yes, please explain \_\_\_\_\_

**AUTHORIZATION:** Permission is granted for treatment of minor injury or illness. In event of an emergency and I cannot be reached, I hereby give permission for the adult in charge to seek professional medical help and transport my child.

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### CODE OF CONDUCT

1. I will not smoke, drink alcoholic beverages (this includes beer), or use illegal controlled substances nor will I have in my possession any of the same during this activity.
2. I will follow the scheduled program of activities and cooperate fully with the evening activity rules.
3. I will cheerfully participate in all activities with an open and inquiring mind.
4. I understand that if I do not adhere to this code of conduct, I will forfeit participation in the event. I understand this means my parent/guardian will be called and will be required to pick me up at the event at that time.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_