

TINKLING SPRING PRESBYTERIAN'S YOUTH MINISTRY
MEDICAL | LIABILITY | PHOTO RELEASE | COVENANT FORM

STUDENT INFORMATION:

Full Name of Youth: _____ Preferred Name: _____
DOB: ___/___/___ Gender: ___ Grade 2011/2012: _____ School Attending: _____
Address: _____
City: _____ State: _____ Zip: _____
Youth Phone: (____) _____
Youth Email: _____ Facebook () Twitter ()

ADVISOR INFORMATION:

Full Name of Advisor: _____ Preferred Name: _____
DOB: ___/___/___ Gender: ___
Address: _____
City: _____ State: _____ Zip: _____
Advisor Phone: (____) _____
Advisor Email: _____ Facebook () Twitter ()

EMERGENCY CONTACT INFORMATION:

Parent/Guardian: _____
Home Phone: (____) _____ Work Phone: (____) _____
Mobile Phone: (____) _____ Email: _____

INSURANCE INFORMATION:

Insurance Co.: _____ Group #: _____ Policy #: _____
Cardholder: _____ Relationship to Cardholder: _____
Please make a copy of the front and back copy of your insurance card for the TSPC's Youth Ministry.

PERSONAL MEDICAL INFORMATION:

Physician's Name: _____ Phone: (____) _____
Medical History: Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, etc.

Medication: (All medications need to be in their original container for trips.)

Date of Last Tetanus Shot: _____ Wear Contact Lenses? yes() no()

CRUCIAL INFORMATION:

T-shirt Size: Youth Large() Adult Small() Adult Medium() Adult Large() Adult XL() Adult 2XL() Adult 3XL()



RELEASE OF LIABILITY: By signing this waiver form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of activities provided by the Tinkling Spring Youth Ministry. I also expressly assume all risk to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Tinkling Spring Presbyterian Church and its pastors, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them incurred during the course of participation in and/or traveling to and from such activities, including but not limited to damage to or loss of property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money. I further agree to abide by all regulations and rules promulgated by Tinkling Spring Presbyterian Church.

PHOTO RELEASE: By signing this form, gives permission to take photos and permission to release photos of youth in the church's media and publications such as the church's website, Facebook, email, newsletter and bulletin.

FIRST AID AND EMERGENCY MEDICAL TREATMENT: Tinkling Spring Church including employees and representatives shall be held harmless from any suit, action, damage or claims at law or otherwise, resulting from or arising out of any injury, accident, illness which may result to participants while they take part in events. By signing below, the parent/guardian hereby authorizes Tinkling Spring Church's representative to take such action as may be necessary for the medical care or treatment including the administration of medication, performing of surgery, or other such actions as needed in the event of injury or illness of participant when the parent/guardian cannot be reached for authorization. This authorization may be presented to medical personnel without liability of said personnel to seek further authority. In the event of a medical emergency, the Tinkling Spring Youth Ministry team will make every effort to contact a parent/guardian before seeking medical treatment. Any medical costs incurred will be the responsibilities of the parent/guardian who signs below.

PARENT/GUARDIAN/ADVISOR Signature: _____ Date: ___/___/___

COVENANT FOR YOUTH & ADVISORS participating in the TSPC's Youth Ministry

I agree to participate in all group activities and when asked to be serious or to laugh, I will willingly do so.

I WILL NOT:

- Use profanity, alcohol, drugs or tobacco products
- Bring weapons, fireworks, pets, pornography or any other inappropriate items.
- Publically display affection (No PDA)
- Physically, Emotionally, Spiritually abuse others



I WILL:

- Respect the property of others and the facilities we are using either here or away on trips.
- Incur any financial responsibility should damage occur because of my negligence.
- Treat others with respect, love and consideration living out the Platinum rule in my life to treat others as God would treat them.
- Be a positive influence, rather than being negative, competitive, complaining or critical.
- As an advisor honor the TSPC's child policy and receive background checks on overnight trips.

Youth/Advisor Signature: _____ Date: ___/___/___

Be a World Changer, One Piece At A Time

We are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do. Ephesians 2:10