

Behavioral Covenant

Hope Community Church ♦ 5th - 12th Grade Youth Group

At Hope Community Church (HCC), we plan to have tons of fun while growing in the Lord. This behavioral covenant is meant to give clear guidelines for appropriate behavior at regular youth nights, special events and trips so that everyone's fun and growth is equally encouraged. Only one signed copy is needed for each student each year for all youth nights, events and trips.

Youth's Name _____ Ph# _____ home or cell?

Address _____ Grade in School _____

Parent's Names _____ Work Ph# _____

I pledge that I will follow this covenant as stated below and **will participate in all planned activities** during HCC events. I also agree that if I break this covenant that the chaperones will have the right and authority to call my parents/guardian and, if need be, send me home by public transportation for which the parents/guardian will be responsible for all transportation costs.

- (1) No alcohol/other drugs, smoking or chewing tobacco.
- (2) Each person will be responsible to be on time when leaving or stopping on a trip.
- (3) **Each person will treat other persons (youth, adult mentors and chaperones, and people we encounter on the trip) with respect.** Remember, you represent Christ (2 Cor. 5:20) and HCC by your participation with us. The "Golden Rule" applies here (Lk. 6:31).
- (4) Each person will respect, listen to, and obey the adult mentors and chaperones.
- (5) Dating couples are allowed to attend church sponsored activities; however, there is to be NO display of affection, publicly or privately. That means NO kissing or hand holding. This does not apply to sponsors, especially since they may be married, but discretion is advised.
- (6) All forms of media (music, video, etc.) shall be filtered through the principle of "what would Jesus view or listen to?" As we seek to create an environment for Christian growth, youth mentors or chaperones reserve the right to determine what media is played. All electronic devices (Ipods, mp3 players, personal game systems, cell phones, etc) will be turned off for the duration of all HCC youth activities unless expressly approved by a youth mentor or chaperone.
- (7) Modesty is encouraged and enforced. "Modest" means to not draw attention to self. Another interpretation would be, "the more skin covered, the better." Extra clothes may be assigned to cover immodest clothing and swimwear as determined by mentors and chaperones.
- (8) Each person will respect all property during events and trips. If I cause any damage I will assume responsibility for my actions and pay for all damages.
- (9) When the youth group is at an identified location, no one is permitted to leave the premises. The only exception is if I have the express permission of a chaperone or the person in charge.
- (10) On trips, at bed times there will be assigned sleeping areas for males and females. This space will be respected. You will also go to bed at the assigned time.
- (11) FUN will be had by all!

Youth's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Medical Release Form

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At Hope Community Church (HCC), we plan to have tons of fun while growing in the Lord. This Medical Release Form is required in order to ensure the youth leaders at HCC can adequately address student's needs while they are entrusted to our care at regular youth nights, events, and trips. This information is also necessary as a precaution in case a student becomes ill or injured and the parents are not able to be reached. Please fill out the information below. As long as the information remains accurate, this form only needs to be filled out once per year per student for youth nights, events, and trips.

Youth's name _____ Address _____

Parents name(s) _____

Daytime ph.(s) _____ Work Ph.(s) _____

Health Questions:

Are you aware of any physical or handicap conditions that could present a problems while at youth nights, events, or trips? If so, please explain _____

List allergies, if any: _____

List any recent illness: _____

Are you presently taking any prescribed medication? _____

Year of last tetanus shot (this may save you from getting another unnecessarily): _____

Insurance Information:

Family insurance: _____

Company: _____ Policy #: _____

Name of policy holder: _____

Name of person(s) to call other than parents in the case of an emergency:

1) Name _____ Phone # _____

2) Name _____ Phone # _____

I agree to turn in an updated form if this pertinent information changes. I authorize the pastor, or person in charge of a youth night, event, or trip, to administer emergency treatment including, if necessary, hospital emergency room admission, only after first attempting to contact his/her parent or guardian.

Date _____ Parent / Guardian _____