

Medical Release Form (Student)

District Blitz Conference, April 27-29, 2012

Because of the increasing sophistication of our hospital systems, we have found it necessary to have signed parental release forms in the unlikely event of some serious injury requiring hospital treatment. Since many hospitals will not administer any medical treatment to a minor without some parental consent this release forms gives us permission to take your child to the nearest available medical facility and have the necessary medical treatment administered.

Would you please read and sign the statement below? This provides permission to seek whatever medical attention may be necessary. It also releases North Central District of the Evangelical Free Church of America, Minnesota Iowa Baptist Conference, Trout Lake Camps and/or the church's personnel from any liability against personal injury or loss.

We understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the child will be taken during this conference. Beyond this, We will not hold responsible the North Central District of the Evangelical Free Church, Minnesota Iowa Baptist Conference, Trout Lake Camps or any of the conference staff. In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Student Ministries Conference leadership, staff or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this child in the event that such treatment is deemed necessary by the conference or church staff. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve the North Central District of the Evangelical Free Church, Minnesota Iowa Baptist Conference and Trout Lake Camps and/or church personnel from Liability in acting on my behalf in this regard so long as they are not grossly negligent.

Name of Child: _____

Signature of Parent / Guardian: _____ Date: _____
(Mother) (Father)

Work Phone: _____ Home Phone: _____

Insurance Company: _____ Policy Number: _____

If Parent / Guardian are not available, please call person below:

Name: _____

Phone #1: _____ Phone #2: _____

Relationship to Student _____

May we administer over-the-counter-medications? Yes No
(e.g., aspirin, Tylenol, Advil, antibiotic ointments, etc.)

Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:



Conduct Pledge

We want to remind each youth leader and student that we are representing Christ in Rochester. Therefore, our speech and conduct should be glorifying to God (I Tim. 4:12; Col. 3:17). Please discuss this page with your group before the conference. We are looking forward to the best District Blitz conference ever, and hope that you will be a part of making it happen! Your cooperation is vital and greatly appreciated.



connected
remain in Me John 15:4

Conduct Code

1. My model for conduct and attitudes is the Lord Jesus Christ.
2. I will observe all rules established by the Conference directors and will follow the code given by my church.
 - a. For my own safety sake, I will not leave the rally area unless given special permission by my Youth Pastor/Leader.
 - b. I will attend all scheduled rallies and sit with my group.
 - c. To focus on Christ at the rallies, there will be no hand holding or arm around the opposite sex.
 - d. Any free time given me will be used wisely, and I will at all times respect the property and safety of others.
 - e. In hotel rooms, no members of the opposite sex are allowed.
3. I will (in travel to and from the rally, and during the conference) avoid all questionable activity and things which would be offensive to Christ, my parents, my church, the rally and others.

Responsibility Pledge

1. My goal in attending is for spiritual growth and to enjoy and develop friendships.
2. I accept the responsibility for my conduct at the District Blitz Conference.
3. I realize that my participation in questionable behavior will end my stay at the Conference.
4. I understand that my parents/guardians will assume financial responsibility due to property damage/loss caused by me and travel cost if I am asked to leave early (only after parents have been called).
5. I will not bring a radio or CD/Mp3 player or other digital audio and video devices to the Conference.
6. My family and I will be praying that this conference will be an enriching experience for our entire youth group.

We have read and agree to follow the conduct code and responsibility pledge.

Student's Signature: _____

Parent's Signature: _____



Liability Form

I, _____ the undersigned being the parent/guardian
parent/guardian name

of _____, hereby release Kost Evangelical Free Church and
name of student

Centennial Evangelical Free Church, their representatives and/or employees from liability for any injury to said student while attending the following activity, including travel to and from the said activity, excepting injury or damage resulting from the willful acts of such representatives and/or employees.

Activity: **District Blitz 2012**

Date: **4/27-29/2012** Time: **4:00p.m. (Friday 4/27)** to: **3:00p.m. (Sunday 4/29)**

Parent/Guardian Sign: _____ Date: _____

Address: _____

In Case of Emergency, contact: _____

Phone: _____ (day) _____ (evening)

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