Bartram Baptist/Revolve Youth Ministry Summer Serve Event Form

Participant Name: Age:

Date of Birth: Grade: Shirt Size:

**Family Information:**

Mother’s Full Name:

Home #: Cell #: Work#:

Address: City: State: Zip:

Email:

Father’s Full Name:

Home #: Cell #: Work#:

Address: City: State: Zip:

Email:

In case of an emergency where your parents/guardians cannot be reached, please provide contact information for another adult trustworthy of decision making:

Full Name:

Home #: Cell #: Work#:

Address: City: State: Zip:

Email:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the parent and/or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child, hereby grant permission for my child to participate in this Bartram Baptist Church/Revolve Youth Ministry event which will take place away from the parish campus. This activity will take place under the guidance and direction of parish adults, including, but not limited to, Bartram Baptist Church YM Director(s), assistants, and/or volunteers from the parish.

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| **Event:** Bartram Baptist Church/Revolve Youth Ministry Summer Serve Event  **Primary Location:** Bartram Baptist Church (13233 Old St. Augustine Rd. Jacksonville, FL 32258)  **Alternate Location(s):** Fun Event (TBD) on Saturday June 24th, Jacksonville Beach clean-up  **Date/Time:** Starts June 17th, 2024 @ 12:00 p.m.; Ends June 23th, 2024 @ 12:30pm  **Transportation:** Will be provided by Bartram Baptist Church throughout the event.  Simply bring your student(s) to Bartram Baptist Church and take home after.  **Cost:** Free!!! |

**Event Rules**

* Shirts will be worn at ALL times, except in the shower
* Same sex buddy system will be used anywhere you go
* No guys in girls rooms/areas or girls in guys rooms/areas
* No purpling ( PDA )
* No cursing, demeaning, or derogatory language
* No weapons, knifes, tobacco, alcohol, pornographic material, drugs or any other illegal substances
* No other electronic devices besides cell phones
* Phones will be collected at the start of camp. Youth will have the option of calling home at night after evening services. (9:30pm – 10:30pm)
* Once enrolled, participation in all ministry activities and service projects is mandatory!!! God is going to do something this week and we want you to be a part of it!

Failure to follow these rules will result in disciplinary action including, but not limited to, student being sent home.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(youth participant) have read and agree to follow the above rules.

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| **Parent/Legal Guardian**  As Parent/Legal Guardian of the above named minor child, I remain legally responsible for any personal actions taken by the above named minor child. I agree, on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend Bartram Baptist Church, its officers, directors, agents, chaperones, or other representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Bartram Baptist Church, its officers, directors, agents, chaperones, or other representatives associated with the event for reasonably attorney’s fees and expenses arising in connection therewith.  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Medical and Health Information:**

Part A. Please check if the participant has any of the following:

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| Asthma, chronic wheezing, respiratory problems |  | Mental health Issues/Depression |  |
| Cancer |  | Fainting spells |  |
| Skin disorders other than acne |  | Convulsions, epilepsy, or seizures |  |
| Diabetes or hypoglycemia (low blood sugar) |  | Anemia or any other blood disorder |  |
| High blood pressure/any cardiac problems |  | Sever allergic reactions |  |
| Circulatory trouble |  | Chronic Pain |  |
| Hearing or vision impairments |  | Other disease/disability: |  |

Part B. Please list all the prescribed medication the participant is currently taking and select if they will be taking it during the camp.

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Purpose | Dosage | Taking at Camp  (circle response) |
|  |  |  | Yes / No |
|  |  |  | Yes / No |
|  |  |  | Yes / No |
|  |  |  | Yes / No |

Part C. Please list all the non-prescription medication the participant is currently taking and select if they will be taking it during the camp.

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| --- | --- | --- | --- |
| Medication | Purpose | Dosage | Taking at Camp  (circle response) |
|  |  |  | Yes / No |
|  |  |  | Yes / No |
|  |  |  | Yes / No |
|  |  |  | Yes / No |

Part D: Please list any medications you WOULD NOT permit this participant to use/ingest if needed:

(i.e.: cold medicines, Advil/Motrin/aspirin, aloe or sunscreen, eye drops, burn/sting relief, etc.)

Part E: Please list all foods or medications the participant has an allergy to and provide the appropriate information for each allergy.

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| Food/Medication Allergy | Expected Reaction | Medication |
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If you have any dietary needs (i.e. gluten-free, vegetarian, etc.) for health reasons, please list:

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| **Emergency Medical Agreement**  The following authorization is given to the above name minor child. Please print clearly.  Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I hereby authorize and consent to any examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or care required, but is given to provide authority and power to render care that is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact me/us prior to rendering treatment, but that any of the above treatment will not be withheld if I cannot be reached. The undersigned will furnish payment or insurance for any such payment at his/her expense. The undersigned represents to the Trustee Corporation of the St. Augustine Road Baptist Church, Inc. d/b/a Bartram Baptist Church (the “Church”) that he/she is the natural parent or legal guardian of the above named minor child; and the undersigned does hereby consent to the minor taking part in the above referenced activity(ies) with the full understanding insofar as during activity(ies) there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic, and/or curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of the minor child assume the risk of such loss, injury, or expense and further does hereby wholly release the Church, its officers, directors, agents, chaperones, or other representatives associated with the event from any responsibility or liability, and waives claim or causes of action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort of accident or any other circumstances involving such minor child, and agrees to hold harmless the Church, its officers, directors, agents, chaperones, or other representatives associated with the event in the occasion any such claim should arise.  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |