



6. Please list and explain any major illnesses the student experienced during the past year:

7. Should this student's activities be restricted for any reason? Please explain:

**For your information, we expect each student to conform to these rules of conduct:**

- Participation with the group is expected
- Respect shown toward one another, staff, and adult leaders
- Respect for and compliance with event schedules
- Respect shown toward event property as well as the that of others
- Clothing must be modest and non-offensive
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives.
- No student may enter the opposite gender's sleeping quarters
- No students can drive

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct and the above evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the above mentioned  
Name of Student  
event sponsored by First Presbyterian Church of Roseville's Sr. High Ministry  
from \_\_\_\_\_ to \_\_\_\_\_ .

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the above mentioned event. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we release the Church, its pastors, employees, agents, and volunteer workers from any liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. I/we also agree that the Church may use any audio, video, and/or photography of my/our student obtained during the above mentioned event for promotional or marketing purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_