



NEW APOSTOLIC CHURCH USA

Youth Travel Permission, Medical Information, Photo Release, & Code of Conduct Form
For Participants Under 18 years old

Event Name: _____

Date(s): _____

Location: _____

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Age at Time of Event: ____

Home Address: _____

City: _____ State: ____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Phone (Primary): _____

Phone (Alternate): _____

Email: _____

SECTION 1: PERMISSION TO TRAVEL & PARTICIPATE

I, the undersigned parent/legal guardian of the above-named minor, give permission for my child to travel with and participate in the Youth { _____ }

insert name of event

sponsored by the **New Apostolic Church USA**, I understand that my child will be traveling under the supervision of designated adult chaperones and that all reasonable precautions will be taken for their safety.

Parent/Guardian Initials: _____

SECTION 2: MEDICAL INFORMATION

Does your child have any allergies (food, medication, insect bites, etc.)?

No Yes – Please list: _____

Does your child take any medications regularly?

No Yes – Please list medication name(s), dosage, and instructions:

Does your child have any chronic medical conditions or physical limitations?

No Yes – Please explain: _____

Health Insurance Provider: _____

Policy/Group Number: _____

Physician Name: _____

Physician Phone: _____

In the event of a medical emergency, I authorize the adult leaders or medical personnel to seek and provide any necessary medical care for my child. I understand that all efforts will be made to contact me before such care is administered, but if I cannot be reached, I authorize treatment as necessary.

Parent/Guardian Signature: _____

Date: _____

SECTION 3: PHOTO & MEDIA RELEASE

I grant permission for my child's photograph, image, or video to be taken during the retreat for use in church or organization publications, presentations, social media, or website. I understand that names will not be published without additional consent.

I DO give permission

I DO NOT give permission

Parent/Guardian Initials: _____

SECTION 4: CODE OF CONDUCT AGREEMENT

The purpose of Youth trips and activities is that each young person draws near to God, their youth leaders and fellow youth through fellowship, Life Skills, teambuilding and Divine Services especially for the young people. In alignment with the international New Apostolic Church Mission and Vision statements, the New Apostolic Church USA youth group exists to:

- Deepen spiritual maturity
- Expand missional reach
- Build strong relationships within the congregations, communities, and families

To contribute to these goals, the following is what is expected of each attendee:

1. I will respect my youth leaders and the volunteers by participating in a positive manner in all activities. I will follow verbal and written directions.
2. I will respect myself by wearing dignified clothing, free from offensive messages. I will also wear proper undergarments.
3. I will respect my body by abstaining from alcohol or any controlled substances. Should I violate this policy, I will be sent home at my own expense.
4. I will respect others and myself by not using profanity.
5. I will respect the privacy of my fellow youth by only using the room assigned to me. I also know that under no circumstances are there to be members of the opposite sex inside the room assigned to me.
6. I will respect fellowship by engaging with my peers. I realize the use of cell phones, headsets, music/audio players and other multimedia equipment distracts from this fellowship, and therefore pledge to limit my use of electronic devices when directed to do so.
7. I will respect the rules and the local laws of the places we visit. I will not cause damage to property of others. If I do, I acknowledge that I may be liable for any damage. I also know smoking is permitted only in designated areas by those legally permitted to do so and that any fines incurred are my responsibility.
8. I will respect the Youth trip activities by not leaving the place or location we are at without Youth Leader permission.

I have reviewed the expectations for conduct during the retreat with my child. I understand that if my child fails to adhere to the rules set forth by the adult leaders, I may be asked to pick up my child or arrange for their return home at my expense.

Parent/Guardian Signature: _____

Date: _____

Youth Participant Signature: _____

Date: _____

Please return this completed form by [_____] to:
insert due date

Contact Name: _____

Email: _____

Phone: _____