



# ACTIVITY PARTICIPATION AGREEMENT

## ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of Coordinator(s): Pastor Jonathan "J" Scutt

Ministry/Small Group: Youth Ministry

Coordinator(s) Phone: (954) 424-8046 or email pastorjay@calvarysawgrass.org

Description of Activity: Youth Camp

Date(s) of Activity: Sunday, June 27th - Friday, July 2nd

Location of Activity: Lake Placid Camp and Conference Center, Lake Placid, FL

## PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian if under the age of 18)

Name of Participant: \_\_\_\_\_

Participant Address: \_\_\_\_\_ (Apt)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

## MEDICAL INFORMATION

Is sponsor authorized to approve medical treatment? (circle one)      Yes    No

Is participant covered by medical insurance? (circle one)      Yes    No

If yes: \_\_\_\_\_ (Company)      \_\_\_\_\_ (Policy #)      \_\_\_\_\_ (Group#)

Does participant have: (circle one)

**Medical Allergies**    Yes    No    If yes please list: \_\_\_\_\_

**Food Allergies**    Yes    No    If yes please list: \_\_\_\_\_

**Medical Conditions**    Yes    No    If yes please list: \_\_\_\_\_

## PARTICIPANT AGREEMENT

By signing below, the participant (parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor; the participant (parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (parent/guardian) promises to hold harmless the sponsoring organization and representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or parent/guardian if participant is a minor)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## ACTIVITY AGREEMENT

By checking the box(es) below, the participant (parent/guardian, if participant is a minor) acknowledges that they may participate in the following activities:

- Swimming
- Boating
- Tubing (Riding in an inner tube while being pulled by a boat).

By signing below, the participant (parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in the activities described above. Except for gross negligence on the part of the sponsor; the participant (parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (parent/guardian) promises to hold harmless the sponsoring organization and representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or parent/guardian if participant is a minor)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCIPLINE POLICY

Seeing that all our functions/activities are church sponsored, all youth and adults attending are expected to act in a manner that glorifies our Lord, Jesus Christ. The Following is a list (not comprehensive) of unacceptable behavior:

- \*Disrespect for authority*
- \*Disobedience to rules*
- \*Possession of any weapon*
- \*Possession or use of alcohol*
- \*Possession or use of illegal drugs*
- \*Possession of fireworks*
- \*Leaving an activity without permission*
- \*Possession of Pornography*
- \*Foul or abusive language*
- \*Physical altercations*
- \*Inappropriate behavior towards opposite Sex*

In order to promote fellowship and growth among our youth, no electronics (*hand held games, mp3 players, cell phones, etc*) will be allowed on trips without prior approval.

I agree to abide by these policies and any other guidelines for an individual event. If the student violates these policies, the parent or guardian may be contacted to pick up the youth from the event **regardless of the hour or location**, and will cover any cost returning child home and forfeit any money paid for the event.

Print Name of Youth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or parent/guardian if participant is a minor)

Print Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_