

**“A Call To Service - Richmond”  
2009 LIABILITY & MEDICAL RELEASE FORM**

Youth participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Current Grade: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian: Please carefully read and completely fill in the following:**

I give permission to my above-named child to participate in “A Call to Service - Richmond” from June 23-26, 2009. I understand that my child acts independently and may get hurt. I release the following from any liability in the event of an accident or injury en route to, during and/or returning from this activity: A Call to Service - Richmond, all sponsoring churches, all staff persons connected within, and all adult leaders and chaperones.

In the event of an emergency, I understand that every effort will be made to contact me. In the event that neither I, nor the emergency contact person listed below, can be reached, I hereby give permission for A Call to Service Directors or adult leaders/chaperones to act in my behalf in seeking Basic First Aid or immediate Emergency Medical Treatment for my child at the nearest medical facility, in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that I will be notified, as soon as possible, about any medical concern. I absolve A Call to Service - Richmond, the program directors and staff, the sponsoring churches and the adult leaders/chaperones from liability in acting on my behalf in this regard.

Basic First Aid may include: Tylenol, Advil, Benadryl, Dramamine, Antacids, or Topical itch/sunburn/scratch/abrasion medication. Emergency Medical Treatment may include: to select a physician, to obtain medical records related to those items listed above, to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for my child listed above.

I understand that I and/or my insurance company are responsible for medical expenses incurred. I agree to notify A Call To Service - Richmond, in writing, of any health information that would restrict my child's participation in this youth activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity they do not feel is within the physical or mental capabilities of my child.

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Physician Phone:** (\_\_\_\_) \_\_\_\_\_

Additional comments regarding current medications (reason, name, dosage), medical history, mental health information, any allergies, reactions to medications, special diets, etc., which may be needed in any treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Provider Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Group Number (if applicable):** \_\_\_\_\_

**Insurance Company Address:** \_\_\_\_\_

**Emergency Contact:** (Relative, Neighbor, Friend) in case parents cannot be reached during an emergency

**Name:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

# CODE OF CONDUCT

Plainly stated, the Code of Conduct for all those participating in "A Call to Service - Richmond" is one of Christian kindness, respect, hospitality and care. Our goal is that each participant be a witness of Jesus' love and respect for all people, places, and things.

**Please read through the following carefully and sign this form in the space provided at the bottom.**

1. All participants will act, to the best of their ability, with the love, kindness, and respect of Jesus Christ. All participants will make an effort to make sure that everyone is welcomed and included in the group.
2. Positive comments and affirmations are welcomed. Teasing, put-downs, sarcasm, etc. are not allowed. Harassment in any form will not be tolerated. Rude language and profanity are not allowed - ever.
3. Hugs, handshakes and pats on the back are good signs of affection. Inappropriate sexual contact is not allowed (this includes sitting on laps, hanging or leaning on each other, kissing, etc.). Participants are not allowed to be in the dorm rooms of persons of the opposite sex at any time.
4. Safety and responsible behavior are important. Horseplay, punching, slapping, kicking, pushing, shoving, pinching and the like will not be tolerated.
5. All participants will dress in a manner that represents Christian modesty and good taste. Clothing must cover all undergarments and midriffs (belly area). Spaghetti strap tanks, low cut tops, mini skirts or short shorts, muscle shirts or other inappropriate attire are not allowed. Clothing with vulgar, offensive or suggestive language or obscene pictures is not allowed (includes clothing with a beer ad, cigarette ad or logo).
6. No person is to possess, use, sell, or dispense nonprescription drugs or alcohol and must not be under the influence of nonprescription drugs or alcohol while participating in this activity. The Directors of this program must be informed of any medication being taken and the taking of prescription medication may be supervised by the Directors or adult leaders/chaperones as deemed necessary.
7. No person is to have in his/her possession, or use, a weapon or instrument that could be used as a weapon.
8. Participants are responsible for keeping track of their own possessions and money. Stealing and shop-lifting will not be tolerated. Participants and their parents/guardians will be responsible to make restitution for any damages the participants cause to people or properties involved or used in this activity. This includes graffiti and/or the physical damage to the facilities, property of others or to other people.
9. Persons participating in this activity are expected to follow the schedule, plans and rules set by the Directors of "A Call to Service - Richmond" and the adult leaders/chaperones.
10. All participants will abide by the standing laws of the United States and the Commonwealth of Virginia.

## Discipline Procedure

1. Complaint will be addressed by the Directors of "A Call to Service" or an adult leader/chaperone
2. Directors and/or adult leader will make decision on appropriate consequences
3. Parent/Guardian will be notified as appropriate.
4. Additional consequences may take place as appropriate.

**Please note: Any major infraction by a youth will result in the participant's parents/guardian being called immediately and the youth being sent home at the youth's and/or parent's/guardian's expense.**

**I have read the above Code of Conduct and agree to support and abide by it.**

Youth Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_