

## **Westview United Methodist Church**

### **Cooperation Covenant**

**TO ENSURE THE SAFETY OF ALL, TO FACILITATE OUR TIME TOGETHER, AND TO ADEQUATELY CARE FOR THE FACILITIES WE USE, IT IS NECESSARY FOR ALL OF US TO AGREE TO OBSERVE CERTAIN GENERAL RULES AND GUIDELINES:**

- 1) All participants will remain with the group throughout the event, seeking permission from the adult leaders for other optional activities.
- 2) Everyone will attend all large and small group activities, worship services, meals, and other scheduled events.
- 3) Each participant will wear a seat belt while traveling between destinations.
- 4) Not permitted by any youth at any youth event are the following: fireworks, alcohol, illegal substances, tobacco, or other dangerous materials. There will be no sexual relations at any time.
- 5) Each person will go to sleeping rooms at a designated time at the end of the evening and remain there quietly throughout the night. Respect each other's right to sleep and rest in preparation for the next day's activities.
- 6) Each person will be responsible for the care, proper use, and clean up of all property, equipment, and facilities. Only designated adults will serve as drivers.

**AS REPRESENTATIVES OF CHRIST AND HIS CHURCH WE TAKE SERIOUSLY OUR RESPONSIBILITY TO ONE ANOTHER. THIS COVENANT IS AN AFFIRMATION OF OUR CONCERN FOR THE WELL-BEING OF THE TOTAL COMMUNITY.**

I have read and agree to abide by the Cooperation Covenant. I understand that a serious infraction of these rules means I will be sent home at my own expense.

DATE \_\_\_\_\_

YOUTH SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Westview United Methodist Church

**Permission Form and Medical Release  
For Participation in Youth Activities & Trips**

Name of youth \_\_\_\_\_ Age \_\_\_\_\_

e-mail address \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_ T-shirt size \_\_\_\_\_

Address \_\_\_\_\_, TN Zip \_\_\_\_\_

Parent/Guardian Business Phone \_\_\_\_\_ (2nd Phone) \_\_\_\_\_

Additional Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Any known allergies to medication \_\_\_\_\_

Directions for medications to be brought on trips \_\_\_\_\_

Has a tetanus shot been given in the last five years? \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

May have aspirin if needed? \_\_\_\_\_ Aspirin substitute? \_\_\_\_\_ Preference? \_\_\_\_\_

Any factors which make it advisable for your child to limit activities:

\_\_\_\_\_

Is there any other information we should know?

\_\_\_\_\_

I hereby release and discharge Westview United Methodist Church and other chaperoning adults for all claims of damage arising from or growing out of my son's/daughter's participation in any activity sponsored by Westview United Methodist Church or its Youth Ministry. Except for those limitations named on this health form, I certify that my son/daughter is healthy and fit to participate in this event. *I hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter while he/she is on any activity sponsored by Westview United Methodist Church or its Youth Ministry.*

DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Relationship \_\_\_\_\_ Insurance Agent \_\_\_\_\_ Policy# \_\_\_\_\_

*Please complete BOTH SIDES of this form! Thanks!*