

# 2020-2021 Generation180 Event Forms

## Highland Community Church Permission & Medical Release

### General Information

Name of event: All On and Off-Site Generation180 Activities for 2020-2021.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Year in school: \_\_\_\_\_  Male  Female

Student's Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Other adults living in the home \_\_\_\_\_ Relationship to student \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Church Home \_\_\_\_\_ If HCC, which campus? \_\_\_\_\_

Is this your first time here? Yes \_\_\_ No \_\_\_

How did you hear about G180 or name of friend you came with? \_\_\_\_\_

### Ministry Areas

Are there areas you have gifts or skills that you would like to use to help out at G180?

If so, please check the box.

Youth Band If checked, vocals or instrument played- \_\_\_\_\_

Video/Media Tech  Soundboard Operator  Other \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or mental health concern/diagnosis (ADHD, Autism, depression/anxiety, etc.), illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.

1. Does your child have any allergies? If so, please describe.

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2. Does your child have any medical or mental health conditions? If so, please describe.

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## Rules of Conduct

For your information, we expect each student to conform to these rules of conduct while participating in Generation180 (Highland Community Church youth ministry) events:

- No possession or use of alcohol, drugs, or tobacco
- No student can transport other youth in a vehicle
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (no bikinis please)
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Damage or vandalism to property of others will become the responsibility of the participant.

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

I have discussed with my student the Rules of Conduct

**Parental Permission/Release**

\_\_\_\_\_ has my permission to attend All 2020-2021 Generation180 Events  
NAME OF STUDENT NAME OF EVENT

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 child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend and participate in events being organized by the Children’s Ministry at Highland Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage that may occur during the course of my/our child’s involvement. In the event that he/she is injured and requires the 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 also acknowledge that I/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 above 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 child home at my/our own expense should they become ill or if deemed necessary by the children ministries staff member.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Pictures from this event may be displayed on Highland’s website of publications. Please check the boxes accordingly.

- My child’s picture **MAY** appear on the website or publications.
- My child’s picture **MAY NOT** appear on the website or publications.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_