## 2021-2022 Generation 180 Event Forms Highland Community Church Permission & Medical Release

| General Information   |                             |                 |                 |  |  |
|---|-----------------------------|-----------------|-----------------|--|--|
| Name of event: All On and Off-Site Generation                                     | 180 Activities for 2021     | <u>-2022.</u>   |                 |  |  |
| Student's Name:   |                             | _ Age:          | _ Birth Date:   |  |  |
| School:   | Year in school:             |                 | ☐ Male ☐ Female |  |  |
| Student's Email:  | Student's Cell:             |                 |                 |  |  |
| Address:  | _ City:                     | Stat            | re: 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 ca            | ampus?          |                 |  |  |
| 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 wo If so, please check the box. | ould like to use to help ou | it at G180?     |                 |  |  |
| ☐ Youth Band If checked, vocals or instrumer                                      | nt played                   |                 |                 |  |  |
| □ Video/Media Tech □ Soundboard Ope   | rator □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 2021-2022 Generation180 Events   |
| NAME OF STUDENT   | NAME OF EVENT  |
| This consent form gives permission to seek whatever me its staff of any liability against personal losses of named  | edical attention is deemed necessary, and releases the Church and child.   |
| attend and participate in events being organized by the C that there are inherent risks involved in any ministry or a employees, agents, and volunteer workers from any and a sickness, exposure to infectious/communicable disease, be damage, and financial damage that may occur during the injured and requires the attention of a doctor, I/we conselicensed physician. In the event treatment is required from I/we agree to hold such person free and harmless of any consent. I/We also acknowledge that I/we will be ultimated | named above, a minor, and have given our consent for him/her to hildren's Ministry at Highland Community Church. I/We understand athletic event, and I/We hereby release the Church, its pastors, all liability for any injury including, but not limited to, the following: course of my/our child's involvement. In the event that he/she is ent to any reasonable medical treatment as deemed necessary by a maphysician and/or hospital personnel designated by the Church, claims, demands, or suits for damages arising from the giving of such early responsible for the cost of any medical care should the cost of that provider. I/We also agree to bring my/our child home at my/our own by the children ministries staff member. |
| matter through a mutually acceptable alternative dispute  | s arises, the participant (or parent/guardian) agrees to resolve the resolution process. If the participant (or parent/guardian) and the spute will be submitted to a three-member arbitration panel for arbitration Association.  |
| Pictures from this event may be displayed on Highland's   My child's picture <b>MAY</b> appear on the website or pub  My child's picture <b>MAY NOT</b> appear on the website of  |  |
| Parent/guardian signature:  | Date:  |
|   |  |