

**FIRST PRESBYTERIAN CHURCH of MASON
STUDENT COVENANT AND PARENT RELEASE
FOR MEDICAL, PICTURE, and LEGAL PURPOSES**

Please Print Clearly

Date: _____

Grade: _____

Name of Student _____

Student Covenant for Middle & High School Youth

I agree to obey all instructions given during youth events sponsored by First Presbyterian Church of Mason (FPC). This means from the time of arrival until I am back in the care of my parents. I also agree to do my best to make this event an enjoyable experience for everyone in attendance. I understand that this can be done through eager participation in all activities, an enthusiastic and cooperative spirit, and a positive attitude.

I understand that my personal behavior, both physical and mental, is my responsibility. My parents will be notified, and I will be sent home at my parents' expense, for any non-compliance during youth events.

Signed _____ Date _____

Parent / Guardian agreement to the Student Covenant:

Signed: _____ Date: _____

Medical Authorization and Release

I hereby give full consent for my youth to participate in youth events sponsored by this church. In the event that my son/daughter needs any medical attention, I hereby give my full consent for the adult advisors from the church to make decisions on my behalf as to the extent of that medical treatment. I also understand that every attempt will be made to contact me and that any or all medical expenses that are incurred for my child are my responsibility to pay.

I also understand that every possible effort will be made to ensure the safety of the participants. Should my youth be injured, I will not hold the church or the representatives responsible in any way.

I am responsible for determining which events my youth can safely attend and participate in, and will notify adult advisors in writing of any limitations for specific events.

Picture and Information Release of Legal Liability & Hold Harmless Agreement

I agree to release the FPC from any legal liability and agree to hold FPC harmless for any legal claim I or my youth might have.

YES NO

I give permission for the use of personal information, photographs, etc. by FPC.

YES NO

Food Request

I would be willing to supply Youth Group Snacks or food.

YES NO

Signed _____ Date _____

Home Phone _____ Alternate Phone _____ Student Cell _____

Parents' Names _____

Home Address _____ City/State/Zip _____ Birth Date _____

Allergy Information _____

Family E-mail Address(es) _____

Insurance Company _____ Policy# _____

In case of emergency and I cannot be reached, please contact:

Name _____

Relationship _____ Phone _____

Form to be completed annually

Revised May 2011