



COMMON GROUND Permission Slip:

Activity: _____

Date: _____

Code of Conduct:

For your information, we expect each child/student to conform to these rules of conduct. Children/Students who fail to comply with these expectations may be sent home at their parent's expense.

- No possession or use of alcohol, drugs, or tobacco
- No fighting, pocket knives, fireworks, lighters etc...
- No offensive or immodest clothing
- No inappropriate physical contact
- No offensive language
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules. Participation with the group is expected.

For, students over 11 years old:

I, the student, have read the rules of conduct, and agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

Parental Consent

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 child/student named above, a minor, and have given our consent for him/her to attend events being organized by the 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, loss, or damage to person or property that may occur during the course of my/our child 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 also 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 acknowledge that 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's home at my/own expense should they become ill or if deemed necessary by the ministry leadership.

Parent/Guardian Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

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