



VALLEY BIBLE EVANGELICAL FREE CHURCH

220 Turkey Hill Road
P.O. Box 250
Haddam, CT 06438-0250
PH 860.345.8932 FX 860.345.3251
www.vbfc.org
Email: vbinfo@vbfc.org

Pastors:
John Westerholm, Senior Pastor
Director of Student Ministries:
Seth Nuzum
Email: snuzum@vbfc.org
Cell Phone: 860-857-5350

Our Lord Jesus' Commission:
Go and Make Disciples

General Youth Permission Form and Code of Behavior

General Permission

I hereby give my permission for my child, _____ to participate in activities sponsored by Valley Bible Evangelical Free Church (EFC) Youth Ministry, from October 1, 2009 to October 31, 2010. Events may include but are not limited to: Scavenger Hunt, SuperBowl, Camping, Retreats, Challenge, Ski trips, Mini-mission trips and Service trips. This permission slip is valid for all outings during the above specified time unless personally withdrawn by the undersigned. I hereby release and indemnify Valley Bible EFC, it's staff and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

Videotaping and Still Photographs

Video and still photographs may be taken during these events. This authorization form constitutes permission for my child's participation in the videotapes and/or still photographs, which may be used for future promotional efforts, including the Valley Bible EFC website and other church publications.

Code of Behavior

You are representing Youth Ministry at Valley Bible EFC during sponsored events. We expect that you will display a mature and responsible behavior that for many years has been a trademark of Valley Bible EFC youth and adults of our church.

Participants are expected to adhere to the following:

1. All participants are expected to arrive on time and stay until the program ends at the assigned time, unless a parent/guardian makes note to the youth director that you will be leaving early.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas. When away on retreat, no guys in the girls' rooms and no girls in the guys' rooms.
4. Dress should reflect the value of modesty. Writing on clothing must be appropriate.
5. Littering, especially improper disposal of chewing gum, is not permitted.
6. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
7. Smoking is not permitted.
8. Weapons and/or drug paraphernalia of any kind are not allowed.
9. If under the age of 18, prescription drugs in the original prescription bottle with instructions for dosage must be given to the Youth Director for storage and distribution.
10. Infraction of these rules can mean immediate dismissal with no refund. Parents or legal guardians are responsible for any costs associated with the dismissal, including, but not limited to, all travel expenses. Participants will be responsible to the local authorities as well.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any cost involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents and guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Youth Medical Permission Form

I grant permission for the administration of First Aid to my child, _____, by the people in charge of Valley Bible Evangelical Free Church (EFC) Youth Ministry events, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Participant's Name: _____ Birth Date: _____ Year in School: _____

Allergic to medication/other? No _____ Yes _____

If yes, please describe: _____

Medication(s) presently taking: _____

Please list other health problems: _____

If requested, I do give permission for my son/daughter to be given the following (Circle):

Pain Reliever (ibuprofen/acetaminophen) Benadryl Tums Sudafed Pepto Bismal Cough Medicine Other: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ ID # and/or SS#: _____

Authorized Physician: _____ Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____

Street City State Zip Code

Home Phone Number: _____ Cell Phone #: _____

E-Mail Address(es): _____

In Case of Emergency, contact: _____ Home Phone #: _____ Cell Phone #: _____