

7. Should this student's activities be restricted for any reason? Please explain:

We expect each student to conform to these rules of conduct

- Respect one another, staff, and adult leaders
 - Respect property
 - No offensive or immodest clothing
 - No possession or use of alcohol, drugs, or tobacco
 - Group members under 18 may not drive others to out of town events
 - No fighting, weapons, fireworks, lighters, or explosives
 - No public displays of affection or inappropriate touching
 - No boys in girls' sleeping quarters and no girls in boys' sleeping quarters (overnight events)
 - Participation with the group is expected
 - Respect and comply with event schedules
 - **Eastside Teen Outreach strongly discourages participants bringing items of value to meetings and events** such as: I-Pods/MP3 players, radios, jewelry, portable game systems, etc.
- We will not accept responsibility for anything that is lost, stolen or damaged at meetings or events.

Students who fail to comply with these expectations may be sent home.

I, the participant (teen), have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. **I agree to abide by the stated personal limitations and code of conduct.**

Participant Signature: _____ Date: ____/____/____

_____ has my permission to attend Eastside Teen Outreach.
NAME OF PARTICIPANT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Eastside Teen Outreach and its staff of any liability against permission 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 events being organized by Eastside Teen Outreach. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release Eastside Teen Outreach, its employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property 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 Eastside Teen Outreach, 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 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 Eastside Teen Outreach staff member.

Parent/guardian signature: _____ Date: ____/____/____