

_____ Name of Student	_____ Date of Birth	_____ Age	_____ Sex
_____ Height	_____ Weight	_____ Eye Color	_____ Hair Color
_____ Physician's Name	_____ Physician's City & State	()_____ Physician's Phone Number	_____ Parent's Primary E-Mail
_____ Health Insurance Company	_____ Insurance I.D. Number	_____ Group Name (Employer)	_____ Parent's Name
_____ Emergency Contact Person	_____ Relationship to Student	()_____ Emergency Contact Day Phone	()_____ Emergency Contact Night Phone
_____ 2nd Emergency Contact Person	_____ Relationship to Student	()_____ 2nd Emergency Contact Day Phone	()_____ 2nd Emergency Contact Night Phone
_____ Student's Home Address	_____ City & State	_____ Zip Code	()_____ Student's Home Phone

Health History (Please Check All Applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Dizziness, fainting spells | <input type="checkbox"/> Currently pregnant | <input type="checkbox"/> Present use of alcohol, drugs or medicines |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Thyroid trouble |
| <input type="checkbox"/> Knee or Ankle problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of heart trouble |
| <input type="checkbox"/> Severe abdominal or menstrual cramps | <input type="checkbox"/> Epilepsy or convulsions | <input type="checkbox"/> Low or High Blood Pressure |
| <input type="checkbox"/> Frostbite, hypothermia | <input type="checkbox"/> Current communicable diseases | <input type="checkbox"/> Dietary restrictions |
| <input type="checkbox"/> Emotional impairment or disability | <input type="checkbox"/> Allergies (drugs, stings, etc.) | _____ Date of last tetanus booster |
| <input type="checkbox"/> Recent sprains, fractures, dislocations | Medicines/Dosages taken currently & other details we should know:

_____ | |

Please explain any items checked, conditions, injury, or other illness requiring medical treatment which might restrict or prevent full participation in the program activities.

I authorize the staff of **Imago Dei Community** to consent to emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery, or administration of necessary anaesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is deemed necessary for the mental or physical health of the student and I/we cannot be reached within a reasonable time to obtain my/our consent to treatment. This grant of authority shall not create an independent duty on the part of **Imago Dei Community** employees or volunteer staff to consider to treatment. If the student is under 18 years of age, this form must be signed by a parent or legal guardian.

I WILL NOTIFY THE Imago Dei Community YOUTH OFFICE IF THERE IS ANY CHANGE IN MY CHILD'S MEDICAL, HEALTH OR INSURANCE INFORMATION DURING THE YEAR.

Parent or guardian signature

Date: ___/___/___
Please Print Your Name Here

AUTHORIZATION AND CONSENT TO TREATMENT OF MINORS

Imago Dei Community Youth Communities
P.O. Box 14429 PORTLAND, OR 97293
(503) 231-5096

Student Last Name: _____ First Name: _____

Grade: _____ Age: _____ Phone: () _____

As parent or guardian, I/we hereby give my/our permission for _____, my/our minor child, to attend activities organized and sponsored by **Imago Dei Community** in school year commencing May 1st, 2008 completing April 30th, 2009.

I am aware in signing this document for the above named student's participation in **Imago Dei Community's** youth events that certain elements of these activities are physically and emotionally demanding. Furthermore, I/we understand that certain risks and dangers, such as those listed below, exist in the activities in which he/she is participating. These risks include: loss or damage to personal property, injury or fatality. The above risks may be caused by, but not limited to: travel to and from the activity site, inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hypothermia, suffering any type of accident/illness in remote areas without easy access to medical facilities. I acknowledge that while **Imago Dei Community** and its staff will make every reasonable effort to teach him/her proper activity techniques to minimize exposure to know risks, all hazards and dangers associated with this activity cannot be foreseen. The student has a personal responsibility to learn and to follow the safety rules and procedures established by the **Imago Dei Community** staff and will make them aware at any point in which he/she questions their knowledge of these procedures, or his/her ability to participate in any activity.

In consideration of being allowed to participate in the **Imago Dei Community** program, I/we hereby personally assume for my minor child, all risks in connection with said program for any injuries or damages which may occur to my child as participants and do fully and forever release its employees and volunteer staff from any and all claims, demands, damages, rights of action or causes of action, present of future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the participant's commencement of the activity or use of the facilities, equipment and property of **Imago Dei Community** except in the case of **Imago Dei Community's** sole negligence. I understand that the activity chosen may not be the safest, but has been chosen for its interest and challenge. I do, on behalf of my child, agree to indemnify and hold harmless **Imago Dei Community** and the employees and volunteer staff thereof from any liability and expenses for personal or property damage or injury not caused by their negligent actions.

My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

My signature below is in effect for the term of May 1st, 2008 to April 30th, 2009 and is including but not limited to: routine High School Community and Jr. High Group activities & games, Special externally focused activities, small group activities, plus retreats and summer camps on the 2008-2009 calendar:

_____ Date: ____/____/____

Signature of Parent or Guardian

Please Print Name Here

Youth Communities Behavioral Covenant

Here at **Imago Dei Community** we love students and their families! Our community seeks to create an environment consisting of activities and programs that will, while working alongside families and integrating our youth into the life of the church, train and educate students toward maturity as Christ followers. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow.

These standards include:

- Following the direction of the staff leadership
- Showing respect and a cooperative attitude
- Respecting the rights and property of others
- Abstaining from the use of drugs, tobacco products and alcohol during any church sponsored activity.

These standards remain consistent in their nature, but vary in specifics from activity to activity as the goals and purposes of each activity vary. When students choose not to abide by these standards, disciplinary responses are given. These responses can include loss of free time, work detail, separation from the group, etc. Depending on the severity of the case, the parent may be informed. In serious cases, the student may be sent home at the expense of the parents. In all cases, the ministry benefit to the student and to the entire group is the primary goal. Discipline is always administered for the good of the student and the group.

I have read the above statements and will abide by the discipline policy:

_____ Date: ____/____/____

Student signature

I have read the above statements and I am in agreement with them. If deemed necessary by the leadership, I will pick up my son/daughter from an activity, or pay for his/her transportation home:

_____ Date: ____/____/____

Parent or guardian signature

(PLEASE COMPLETE MEDICAL INFORMATION ON REVERSE)