



LifePointe Christian Church Youth Ministries Student Activity Packet

Explanation of packet:

Pages with **HOME COPY** headings are kept by the student/parent.

Pages with **OFFICE COPY** headings are to be completed and returned to the Student Minister.

Parents and students are required to submit a new Student Activity Packet (one per student) each calendar year and before participating in any LCCYM event or activity. This packet enables us to provide safety and care for your child and ensure that we have current contact information for you.

This packet contains the following:

Behavior Guidelines Form | Permission/Emergency Treatment | Medical Form

QUESTIONS:

When must I turn these in?

A completed SAP is required to participate in any activity. We advise LCCYM families to turn this in at the beginning of the year to cover EVERY activity for that calendar year.

What must I turn in?

1. A completed SAP packet (all forms) signed by both student and parent
2. A current copy of your health insurance card (front & back, please)
3. If medication is needed by your child (extra forms required at each event)

How do I register for events?

Almost all event registrations are available online at www.lifepointechristian.net/lccym. You can also see these and more events online at www.lifepointechristian.net/events. Some events simply require a verbal response. If you have any questions,. Please email our student minister, Ryan Dent, at ryan@lifepointechristian.net.

*LCCYM Events and activities are intended to provide opportunities for communal spiritual growth and relationship building with other students and adult leaders. Please view the guidelines listed here as you do the doors to your house. Their purpose is to keep certain things out and provide a more comfortable environment for those inside. **NOTE: Failure to follow the guidelines, or others that are given at the event, may result in the dismissal of the student from the event.***

LCCYM GUIDELINES - HOME COPY

1. Do not bring alcohol, tobacco of any kind, illegal drugs, guns, fireworks, ninja stars, grenade launchers or anything else that is potentially dangerous.
2. For some activities you may be required to leave your iPod, MP3 player, video games, or any other electronic devices (other than cameras) at home. **Cell phone use may be restricted** or prohibited during all or part of an event in order to minimize distractions and maximize engagement in the event. Some events take place in areas where reception is nonexistent or poor. Check the **event agenda** that you receive prior to departure. Sometimes technology use will be encouraged!
3. Dress Appropriately. We encourage students to consider modesty in all things, so that focus is on growth and learning, not each other. **If it is against your school rules, don't bring it.** Please follow these guidelines when applicable:
 - Swimwear for ladies - one piece suits, full coverage (we understand these are difficult, but not impossible to find), dark t-shirt tops are equally acceptable.
 - Swimwear for guys - must fit properly around the waist (no oversized, sagging shorts), no Speedos.
 - No extremes in dress will be permitted such as plunging necklines, bare midriffs, short shorts or skirts, immodest tight apparel, yoga pants, clothing with inappropriate words and/or slogans, sagging pants, etc.
 - Ladies tops must have straps at least 2" wide. No spaghetti straps, halter tops or strapless.
 - At the discretion of the LifePointe staff or sponsors, a student may be asked to cover up or change his/her clothing. If these standards seem extreme, understand that we don't mind extremes to avoid distraction or accidental "overexposure."
5. Keep your conversations clean and encouraging. Avoid verbal arguments, yelling, offensive language, gossip or hurtful comments.
6. Do not engage in any action with someone else that is (or would appear to be) inappropriate behavior. This includes crude humor and inappropriate touch of any kind. This also includes laying on each other in the vans, "disappearing together", kissing, etc. (Dating and displays of attraction and affection should take place on your own personal time, not during a ministry event.)
7. Stay in your assigned sleeping area after the appointed "lights out" and "wake up".
8. Show respect to all adult leaders. They are here to help you have the best and safest event possible.
9. Follow the assigned schedule. Be where you need to be, when you need to be there. This includes food stops, program schedule, etc.
10. Stay flexible, positive and honest. Our leaders love these qualities!

Signing this form gives **LifePointe Christian Church** permission to publish, distribute, and promote any photograph, videotape or sound recording produced by the Church (its Student Minister, ministerial staff, elders, adult volunteers/ sponsors) and authorize any printed material or social media posting by the Church in connection therewith. Your signature also releases all claims against the Church with respect to copyright ownership, publication and right to privacy.

Student: I, STUDENT PRINTED NAME, agree to abide by the guidelines set by *LifePointe Christian Church Youth Ministries (LCCYM)*. I understand that if I choose to ignore or not follow these guidelines I will be susceptible to the consequences imposed by the student minister or adult staff, **which may result in my immediate dismissal** from the event or activity.

Student's signature _____ **Date** ____ / ____ / ____

Parent or Legal Guardian: I, PARENT PRINTED NAME, have read and understand the guidelines listed. I understand that noncompliant students may be asked to leave the event or activity regardless of the time, day or night. In the unlikely case of dismissal, I understand and agree that I am responsible to pick up my child or make arrangements to have my child picked up regardless of the time or location of the event or activity.

Parent's signature _____ **Date** ____ / ____ / ____

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2. For some activities you may be required to leave your iPod, MP3 player, video games, or any other electronic devices (other than cameras) at home. **Cell phone use may be restricted** or prohibited during all or part of an event in order to minimize distractions and maximize engagement in the event. Some events take place in areas where reception is nonexistent or poor. Check the **event agenda** that you receive prior to departure. Sometimes technology use will be encouraged!
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 - Ladies tops must have straps at least 2" wide. No spaghetti straps, halter tops or strapless.
 - At the discretion of the LifePointe staff or sponsors, a student may be asked to cover up or change his/her clothing. If these standards seem extreme, understand that we don't mind extremes to avoid distraction or accidental "overexposure."
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6. Stay in your assigned sleeping area after the appointed "lights out" and "wake up".
7. Show respect to all adult leaders. They are here to help you have the best and safest event possible.
8. Follow the assigned schedule. Be where you need to be, when you need to be there. This includes food stops, program schedule, etc.
9. Stay flexible, positive and honest. Our leaders love these qualities!

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Student: I, *STUDENT PRINTED NAME*, agree to abide by the guidelines set by **LifePointe Christian Church Youth Ministries (LCCYM)**. I understand that if I choose to ignore or not follow these guidelines I will be susceptible to the consequences imposed by the student minister or adult staff, **which may result in my immediate dismissal** from the event or activity.

Student's signature _____ **Date** ____ / ____ / ____

Parent or Legal Guardian: I, *PARENT PRINTED NAME*, have read and understand the guidelines listed. I understand that noncompliant students may be asked to leave the event or activity regardless of the time, day or night. In the unlikely case of dismissal, I understand and agree that I am responsible to pick up my child or make arrangements to have my child picked up regardless of the time or location of the event or activity.

Parent's signature _____ **Date** ____ / ____ / ____

LCCYM GUIDELINES - OFFICE COPY

EMERGENCY MEDICAL TREATMENT FORM

Child's Name _____ Date of Birth ____/____/_____

Home Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Parent/Guardian #1 Name: _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Parent/Guardian #2 Name: _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Emergency Contact #1 Name & Relationship: _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Emergency Contact #1 Name & Relationship: _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Primary Physician: _____ Phone (____) ____ - _____

Office Address: _____

Insurance Company: _____ Policy Number: _____

Place a check mark next to any that apply to the participant:

- () wears contact lenses () suffers from motion sickness. () is a hemophiliac
() has ulcers () is subject to fainting spells or dizziness
() is diabetic () has a sleeping disorder or night terrors
() has or has had epilepsy or other illness that causes loss of consciousness (within the last 5 yrs)
() has MEDICAL dietary needs. If so, list: _____
() has a heart condition. If so, explain: _____
() has a physical handicap. If so, please explain: _____
() has an illness that is or might be contagious to others. Explain: _____
() has allergies. If so, list: _____
() has had a tetanus booster. Please list date of last booster shot: _____

Please list any all current medications currently being taken by your child. Please include dosage.

*When sending medication with your child, please send in the ORIGINAL container with CLEARLY MARKED instructions

Please list other conditions or disabilities (physical, mental or emotional) not already mentioned which might affect your student or those around him/her: _____

Please attach a copy, front and back, of your child's current health insurance card(s).

LCCYM GUIDELINES - OFFICE COPY

LIABILITY RELEASE & INFORMATION FORM

I, the undersigned parent or guardian of _____ **STUDENT PRINTED NAME** _____, a minor, do hereby give permission for my above named child to participate in one or more of LifePointe Christian Church Youth Ministries' events/activities, which may include LifeGroups, off-site service projects, out of town trips, hiking, swimming, camping and transportation by car, van or bus. Furthermore, I give LifePointe Christian Church permission to publish, distribute, and promote any photograph, videotape or sound recording produced by the Church (its Student Minister, ministerial staff, elders, adult volunteers/sponsors) and authorize any printed material or social media posting by the Church in connection therewith. I release all claims against the Church with respect to copyright ownership, publication and right to privacy.

In consideration for allowing my child to participate in an event, I agree to release LifePointe Christian Church (and/or its Student Minister, and/or their trustees, ministerial staff, elders, adult volunteers/sponsors) from any and all liability associated with the activity.

Additionally, I do hereby release and discharge LifePointe Christian Church and its representatives from all claims, obligations, damages or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and their child listed above.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency during an event/activity where I am not present, I, the undersigned parent or guardian of _____ **STUDENT PRINTED NAME** _____, a minor, do hereby authorize adult workers (Student Minister, ministerial staff, elders, adult volunteers/sponsors) of LifePointe Christian Church to act on my behalf to consent to provide for the complete medical care of my child named above, as if I were acting for my child.

Further, as a parent or guardian of the minor named above, I understand that if possible, phone contact to me will be attempted prior to any treatment. However, in the event that I am unable to be reached and timeliness of diagnosis or treatment is deemed advisable, I do hereby expressly consent that my minor child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I, _____ **PARENT PRINTED NAME** _____, have read and agreed to the above forms and agree that all information contained is truthful and accurate to the best of my knowledge. I agree that should the medical/insurance information change from what I have provided, I am responsible for updating these forms for the safety and well-being of my child. I further agree that these forms shall remain in effect until the beginning of the next year or until I change or revoke them in writing.

Parent/Legal Guardian's Signature: _____

Date: _____ / _____ / _____