

**A COVENANT OF CONDUCT, MEDICAL RELEASE, AND MEDIA RELEASE FORM**  
**For PARTICIPANTS IN MINISTRY EVENTS**  
**Sponsored by MARLTON UNITED METHODIST CHURCH**

**FOR ALL EVENTS AND TRIPS WITH TRAVEL from September 1, 2018 through August 31, 2019**

**COVENANT of CONDUCT**

In all activities under the sponsorship of Marlton United Methodist Church, I am aware that I am a representative of the Christian community, and that I am responsible for my own actions. I understand the following guidelines will be followed:

1. My conduct will be consistent with the Mission and Values of the Youth Ministry of the Marlton United Methodist Church.
2. I will fully participate in group activities
3. I will let an adult leader know where I am at all times
4. I will maintain any premises or areas in which I reside or for which I am responsible in a good and clean condition.
5. I will not use illegal drugs, alcoholic beverages or tobacco or knowingly remain in any area where they are being used.
6. I will use all technology, including cell phones and laptops, in a manner that is responsible and non-disruptive to others.

I, \_\_\_\_\_, have read and understand the Covenant of Conduct above. I agree to abide by it to the best of my ability and understand that blatant disregard for the guidelines can result in being sent home at my parents' expense.

School: \_\_\_\_\_ Grade 2018-2019: \_\_\_\_\_ Student text #: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Student T-Shirt size:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

Parents: I have read and agree to support this Covenant of Conduct.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL RELEASE**

Name of youth \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Parent name \_\_\_\_\_ Can be reached at ( ) \_\_\_\_\_ email: \_\_\_\_\_  
Parent name \_\_\_\_\_ Can be reached at ( ) \_\_\_\_\_ email: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

Please include the following:

Heath Insurance Co. \_\_\_\_\_ Number \_\_\_\_\_

**\*\*\*Turn in a copy of the front and back of your insurance card with this form. \*\*\***

I/we understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I can't be reached, I give my permission to the staff and/or accompanying adult leaders to secure the services of licensed physician to provide the necessary treatment, including anesthesia, for my child's well-being. I also understand that I will not hold the Marlton United Methodist Church or its paid or volunteer staff or accompanying adult leaders responsible for any accident or illness my child may incur.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's Signature**

**MEDIA RELEASE**

\_\_\_\_\_ **Yes.** Marlton United Methodist Church may post photographs and/or videos of my child on the church's website or use a photograph of my child in any church publication. I understand that photos will not be labeled with names.

\_\_\_\_\_ **No.** Marlton United Methodist Church may NOT post photographs and/or videos of my child on the church's website or use a photograph of my child in any church publication.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's Signature**