

PATHWAY CHRISTIAN CHURCH YOUTH PROGRAM

Mission and Purpose

Our mission is to grow students who love the Lord with all their heart, mind, soul and strength, who then in turn will reach their relational world for Christ; “To Know Jesus – To Make Jesus Known”. We are committed to creating an environment where students can develop and grow in a personal relationship with Jesus Christ through the life-changing power of God’s holy Word and prayer. We are committed to developing and building meaningful relationships, sharing in struggles, rejoicing in victories, while connecting with a loving God who desires each of us to intimately know Him. We want to equip our students to be strong in their faith, have a biblical world view, while faithfully sharing the Gospel of Christ to their generation.

Pathway youth ministry is for student from 6th through 8th grade and high school students. It is led by Pastor Eddie Arnold, his wife Sarah, and an amazing group of volunteers who are committed to seeing our students grow in a deeper love of our Lord and Savior, Jesus Christ. Our typical Monday night consists of the students playing a game or two, then worshiping of our Lord through song followed by the study of God’s incredible Word. Our ultimate focus is to mentor and disciple every student toward the life changing experience of salvation, as this is God’s ultimate purpose for our lives.

When Do We Meet?

Pathway’s Youth Group meets on the Last Monday of every month from 6:15 to 8pm downstairs in the Fellowship Hall.

Student Ministries Permission Form

The Pathway Student Ministries Permission form (completed and signed) is necessary for a student to participate in off-campus activities and is valid for a one-year period. Download the form, print it, complete and sign it. The form needs to be returned to Pastor Eddie Arnold. If you have any questions, contact Pastor Eddie at pastoreddiarnold1@yahoo.com or the church, 260-234-8571. If you would like to receive updates and reminders for youth events, email Pastor Eddie so he can put your contact on his email list to parents.

**PATHWAY CHRISTIAN CHURCH STUDENT MINISTRIES PERMISSION FORM MEDICAL,
LIABILITY AND PHOTO RELEASE VALID FROM February 1, 2018 – March 1, 2019**

VALID FROM February 15, 2018 – Mar 1, 2019

Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Parent/Legal Guardian to notify in case of emergency _____

Parent/Legal Guardian home phone _____ cell phone _____ work phone _____

Family Doctor _____ Phone _____

In emergency, notify (other than parent): _____ Phone _____

Allergy & Health History (Include allergic reactions & normal treatment, physical limitation, etc. Be specific.)

Name and dosage of any medications that must be taken _____

Date of last tetanus shot _____ I give permission for my child to receive over the counter medicines (i.e. Tylenol, cough medicines) when needed. Yes / No

Any activity restrictions? Yes / No If yes, what restrictions:

If your child should require medical attention for injuries received or illnesses contracted prior to this activity/trip, please send along the information necessary to give your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip.

Do you have health insurance? Yes / No

Name of insurance company _____

Policy # _____ Group # _____ Phone number (if required for treatment)

Voluntary Participation: I, _____ (print your first and last name), acknowledge that I have voluntarily decided to allow my child, _____ (print child's first and last name), to participate in the activities listed below, which are sponsored PATHWAY CHRISTIAN CHURCH OF HARLAN

Assumption of Risk: I am aware that no recreational activities are without the possibility of unforeseen hazards. I understand that certain activities have the inherent possibility of risk and it is impossible to list all such risks. I am aware that football, basketball, soccer, baseball, dodge ball and relay games, broom hockey, skiing, snow tubing, ice-skating, snowboarding, boating, water skiing, wakeboarding and tubing, use of personal water craft, biking, rappelling, capture-the-flag game at night, riflery, volleyball, roller-skating/blading, skate boarding, swimming, surfing, car rallies, paintball, and building projects ("the ACTIVITIES") are potentially hazardous. I am voluntarily allowing my child to participate in the ACTIVITIES with the knowledge of the possibility of danger involved, and hereby agree to accept any and all risks of injury or death to my child, and verify this statement by initialing here _____. Liability Release: As consideration of PATHWAY CHRISTIAN CHURCH of Harlan permitting my child to participate in the ACTIVITIES, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attach the property of PATHWAY CHRISTIAN CHURCH, any of its affiliated organizations, or any of its Elders, Trustees, employees, volunteers, or agents for injury, death, or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of PATHWAY CHRISTIAN CHURCH or any of its affiliated organizations as a result of my child's participation in the ACTIVITIES.

I hereby release PATHWAY CHRISTIAN CHURCH, its affiliated organizations, its Elders, Trustees, employees, volunteers, and agents from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's participation in the ACTIVITIES. I further acknowledge and agree that PATHWAY CHRISTIAN CHURCH shall not be liable for any injury, death, damage to my child resulting from any activity in which my child participates which is outside of the scope of those ACTIVITIES that are sponsored and sanctioned by PATHWAY CHRISTIAN CHURCH. Authorization for Medical Treatment: In the event I cannot be reached in an emergency, I hereby authorize the physician and/or dentist selected by PATHWAY CHRISTIAN CHURCH to hospitalize, secure proper medical and/or dental treatment and/or order an injection, anesthesia, or surgery for me or my child as deemed necessary. I also authorize PATHWAY CHRISTIAN CHURCH to administer medical aid as required for illness or injury under a physician's orders. I agree to fully pay all costs of medical or dental care incurred for my child. I authorize any hospital to surrender physical custody of my child to a church employee or agent upon completion of treatment. Photo Release: I give permission for my child to be photographed and/or videotaped for future promotional materials including web site postings. I do so without expectation of compensation and with the understanding that these photographs and video images will be used exclusively by PATHWAY CHRISTIAN CHURCH for its publications, web site, and publicity purposes. Potential Claims Not Covered By This Release: I understand that, pursuant to California law, by executing this RELEASE FROM LIABILITY, I am not waiving my rights or my child's rights with regard to any potential claims that may arise from the fraudulent, intentional, grossly negligent, and/or criminal conduct of PATHWAY CHRISTIAN CHURCH, any of its affiliated organizations, or any of its Elders, Trustees, employees, volunteers, or agents. Knowing and Voluntary Execution: I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and PATHWAY CHRISTIAN CHURCH and sign it of my own free will.

It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent's/guardian's expense.
(Parent/Legal Guardian Signature) _____

(Relationship to Child) _____ (Date) _____

