

**ROYERSFORD BAPTIST CHURCH (HEREINAFTER CALLED "RBC") YOUTH GROUP  
TRANSPORTATION & OVERNIGHTER PARTICIPATION AGREEMENT FOR  
\_\_\_\_\_ (insert name of the participant, hereinafter called "Youth")**

***Please complete this form in ink. READ CAREFULLY BEFORE SIGNING. THIS FORM INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.***

**I. BACKGROUND INFORMATION ON YOUTH**

Age \_\_\_\_ Year in School \_\_\_\_\_ Male( ) Female( )  
Youth's Email \_\_\_\_\_ Youth's Cell Phone \_\_\_\_\_  
Youth's Full Address (provide street address—not P.O. Box): \_\_\_\_\_  
\_\_\_\_\_  
Youth's health insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_ Co. phone # \_\_\_\_\_  
Caretaker's name \_\_\_\_\_ Check below to indicate if Caretaker is Youth's:  
\_\_\_\_ custodial parent/ \_\_\_\_ legal guardian of the person/ \_\_\_\_ foster parent.  
Insert address if different than Youth's: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ /Work \_\_\_\_\_ /Cell \_\_\_\_\_ email \_\_\_\_\_  
Additional Caretaker's name \_\_\_\_\_ Check below to indicate if Caretaker is Youth's:  
\_\_\_\_ custodial parent/ \_\_\_\_ legal guardian of the person/ \_\_\_\_ foster parent.  
Insert address if different than Youth's: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ /Work \_\_\_\_\_ /Cell \_\_\_\_\_ email \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ /Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

- Check the following areas of concern for this Youth. If necessary, add another page with details:
1. Check to rate the Youth's swimming ability: \_\_\_\_ good swimmer/ \_\_\_\_ fair swimmer/ \_\_\_\_ non-swimmer
  2. Check to indicate if the Youth has allergies to any of the following:  
\_\_\_\_ pollens/ \_\_\_\_ medications/ \_\_\_\_ foods/ \_\_\_\_ insect bites. If checked, provide details below:  
\_\_\_\_\_
  3. Check if the Youth has ever experienced, or is currently being treated for, any of the following:  
\_\_\_\_ asthma/ \_\_\_\_ epilepsy/ \_\_\_\_ seizure disorder/ \_\_\_\_ heart trouble/ \_\_\_\_ diabetes/ \_\_\_\_ frequently upset stomach  
\_\_\_\_ physical handicap. If checked, provide details below:  
\_\_\_\_\_
  4. Date of the Youth's last tetanus shot: \_\_\_\_\_
  5. Check to indicate if the Youth wears \_\_\_\_ glasses \_\_\_\_ contact lenses
  6. Please list and explain any major illnesses the Youth experienced during the last year  
\_\_\_\_\_
  7. Should the Youth's activities be restricted for any reason? \_\_\_\_ yes/ \_\_\_\_ no If yes, please explain below:  
\_\_\_\_\_
  8. Please list any medications the Youth is currently taking and the dosage requirements below.  
\_\_\_\_\_
  9. ***Insert below, or if necessary, attach a sheet, describing in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the Youth is subject and of which RBC should be aware, and what, if any action of protection is required on account thereof. Also, list here any activities in which the Youth is not to participate. \*\* Include names of medications your Youth is currently taking and the dosages for each. \*\****  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Has the Youth has been adjudicated delinquent or determined to be a sex offender or convicted of any crime: Yes No If yes, , provide details \_\_\_\_\_

## II. YOUTH CODE OF CONDUCT

Youth who participate in RBC Youth Group activities are prohibited from each and all of the following during participation in those activities: possession, use or being under the influence of alcohol, drugs, or tobacco; driving of motor vehicles; fighting; possession of weapons, fireworks, lighters, or explosives; boys in girls' sleeping quarters; girls in boys' sleeping quarters; refusal to participate in group activities (unless excused by an adult RBC leader of the activities); failure to respect property or other persons; and failure to comply with event schedules (unless excused by an adult RBC leader).

Youth who fail to comply with these expectations may be sent home at their parents' expense. I, the Youth, have read and confirm that I have permission to participate in Activities as noted in Part III, confirm the Part I Background Information, and agree to abide by the code of conduct.

Youth's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. PERMISSION, RELEASE & INDEMNITY.** The Youth will participate in many activities in connection with the RBC Youth Group. Some of these activities occur at RBC and others occur off the premises. These activities (which activities, including but are not limited to the transportation of participants by adult RBC employees or adult Youth ministry volunteers, are hereinafter referred to as "Activities") may be HAZARDOUS. Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broom ball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, counseling, golfing, miniature golf, hayrides. *If I desire to limit the Youth's participation in any Activities, I agree to submit my wishes in writing to RBC's Youth Director prior to such Activities.* I understand that there are inherent risks involved in any of the Activities. I hereby give permission to seek whatever medical attention is deemed necessary for my Youth by RBC, its employees, or its Youth ministry volunteers, and consent to all treatments deemed necessary by emergency personnel or by medical personnel. I hereby represent that I have full knowledge of the risks involved in Activities, and that I assume any and all expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I hereby agree freely and expressly to ASSUME and accept ANY and ALL RISKS OF INJURY to the Youth while the Youth is participating in Activities. I understand that the Youth may, from time to time, be alone with an adult (male or female, who may or may not be transporting the Youth by motor vehicle), alone with other Youth, or totally alone, in the course of the Activities, and expressly permit this. I understand that the Youth is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver. I represent that I (hereinafter called "Caretaker") am a custodial parent, foster parent or guardian of the person of the above named Youth, and grant permission for the Youth to participate in Activities.

**IN CONSIDERATION OF THE ABOVE, AND OF THE OPPORTUNITY AFFORDED THE YOUTH TO PARTICIPATE IN ACTIVITIES, I, ON BEHALF OF THE YOUTH, MYSELF, AND OUR RESPECTIVE HEIRS, PERSONAL REPRESENTATIVES, AND ASSIGNS, ASSUME ALL RISKS WHICH MAY BE ASSOCIATED WITH AND/OR RESULT FROM YOUTH'S ACTIVITIES AND HEREBY AGREE TO HOLD HARMLESS, RELEASE, INDEMNIFY AND DEFEND RBC, ITS SUBSIDIARIES, AFFILIATES, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, AGENTS, VOLUNTEERS, EMPLOYEES, AND PERSONS PROVIDING EMERGENCY OR MEDICAL ASSISTANCE TO THE YOUTH AT THEIR REQUEST, OF AND FROM ANY LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY TO THE YOUTH (INCLUDING BUT NOT LIMITED TO DEATH OF THE YOUTH) OR TO THE YOUTH'S PROPERTY OR TO THE PROPERTY OF OTHERS, THAT MAY BE SUSTAINED BY THE YOUTH WHILE PARTICIPATING IN ACTIVITIES, INCLUDING BUT NOT LIMITED TO, THOSE INJURIES AND DAMAGES CAUSED BY NEGLIGENCE, RECKLESSNESS, OR BREACH OF CONTRACT OR WARRANTY, EXPRESS OR IMPLIED, ON THE PART OF RBC, ITS SUBSIDIARIES, AFFILIATES, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, AGENTS, VOLUNTEERS, EMPLOYEES, AND PERSONS PROVIDING EMERGENCY OR MEDICAL ASSISTANCE TO THE YOUTH AT THEIR REQUEST.**

**IV. ADDITIONAL PROVISIONS.** I, the undersigned, represent that I have legal custody of the Youth named above and hereby consent to the Youth's attendance and participation in Activities, and agree to support RBC's enforcement of the above Youth's code of conduct. I agree promptly to bring the Youth home at my own expense, or to pay for costs incurred by RBC as a result of my unavailability to bring the Youth home, if deemed necessary by RBC. If at any time RBC is unable to contact me to bring the Youth home, I authorize RBC to contact any of the following persons and to allow any of them to receive custody of the Youth from RBC:

Name of person to contact: \_\_\_\_\_

Phone \_\_\_\_\_ /cell phone \_\_\_\_\_ /email \_\_\_\_\_

Name of alternative person to contact: \_\_\_\_\_

Phone \_\_\_\_\_ /cell phone \_\_\_\_\_ /email \_\_\_\_\_

I do \_\_\_/do not \_\_\_ grant permission to RBC to record and use, for ministry purposes (including but not limited to: group meetings; ministry-related websites; and RBC publications), photos, images, audio recordings, and videos of this Youth.

In the event any section of this Agreement is found to be unenforceable, the remaining terms shall be fully enforceable. This Agreement shall be binding upon the Youth, myself, and our respective heirs, personal representatives, and assigns, and all disputes between the Youth, myself and others arising from the Youth's participation in Activities will be governed by the laws of the Commonwealth of Pennsylvania. I have read this entire Agreement, fully understand it, and agree to be legally bound by its terms.

Caretaker Signature: \_\_\_\_\_ Date \_\_\_\_\_