

**Travel and Medical Release Form
September 2022-September 2023**

Junior Youth (6-8th) and High School (9-12th)

Youth Name: _____ **Grade:** _____ **Birth Date:** _____

Youth Phone (prefer cell): _____ **Social Media:** _____

Email: _____

Parent/Guardian Name _____ **Cell #** _____

Email: _____

Address: _____

City: _____ **Zip Code:** _____

Parent/Guardian Name _____ **Cell #** _____

Email: _____

If Different Address: _____

City: _____ **Zip Code:** _____

I hereby give permission for my youth, _____ to participate in activities sponsored by the **First Congregational Church, Essex Junction, VT.**

Date: September 2022-September 2023

I hereby give permission for my youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The signor(s) shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization. Should it be necessary for my youth to return home due to medical reasons or otherwise, I (we) shall assume all transportation costs.

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|---|
| <p>Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Please list any special medical needs or allergies to drugs: _____</p> <p>_____</p> |
|---|

(Other Side)

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Special Dietary Restrictions & Allergies: _____

Photo and Video Release Form

(Circle) Yes or No

If yes, I certify that I am a parent or guardian of _____. I give permission for pictures/video of my youth to be used by the First Congregational Church of Essex Junction for its newsletter and/or posted on the FCCEJ website and/or FCCEJ social media accounts and/or in-person, live-stream, or recorded worship.

Parent/Guardian Signature _____ Date: _____

Youth Conduct Covenant

I understand that I am in control of my own choices and control my actions. I am responsible for the decisions I make. I understand that there are expectations of conduct when I am involved in 1st Congregational activities. I agree to not use alcohol, tobacco or any other drugs during 1st Congregational sponsored activities. I understand personal displays of affection are inappropriate; this includes but is not limited to kissing and fondling. I also recognize that there is language, which is not appropriate for our activities and agree to refrain from such derogatory, demeaning, belittling, and inappropriate language. I agree to respect, listen, and follow all directions as delivered by 1st Congregational leadership as we work together to maintain a safe and positive atmosphere for all. I understand and accept that breaking this covenant will have consequences, which can include being sent home at my own expense.

Signature box

Youth: _____ date: _____

Parent: _____ date: _____

Legal Guardian: _____ date: _____

(Other Side)