

West Valley Presbyterian Youth Ministries Code of Conduct

Love God. Love others.

1. I will show respect for others and myself at all times. I understand that mental, physical, emotional, or spiritual abuse of ourselves or others is not tolerated at WVPC.
2. I will keep my hands to myself and treat others how I want to be treated.
3. I will not show public displays of affection. I understand that public displays of affection are not allowed.
4. I will treat property that is not mine with care and respect. I understand that destruction of or vandalism to others' property and/or the church's property is prohibited.
5. ***I will not use my cell phone or pager during meeting times. Cell phones and pagers must be turned off at all times and need to remain out of sight. Such items will be confiscated.***
6. I will respect and obey the restrictions of what music I can listen to and language I can use while on a WVPC youth sponsored function. (CDs with profanity are highly discouraged. However, these CDs are permissible if played on personal Discmans where transport time is longer than two hours each way. All other music will be left to the discretion of youth advisors and other students.)
7. I will not use illegal substances (including, but not limited to, tobacco, alcohol and drugs). Illegal substances are NOT allowed on any youth event or site.
8. I will wear a helmet when I am on wheels (skateboards, roller blades, bikes, etc). I understand that a helmet must be worn at all times when on wheels.
9. I will be on time to all activities and check point's times. If I do not return on time I understand that I have the possibility of being left, and it is the responsibility of my parents to pick me up.
10. I will have a good attitude, and come expecting to have fun!

By signing below I agree with the above rules and understand that in the event that a rule is violated I may be held responsible for any harm done by my child to others, and/or damage done to property. Furthermore, I understand that my child may be sent home at my expense. Decisions will be made at the discretion of West Valley Presbyterian Church and its leaders, the youth director and youth volunteers.

Signature of Parent/Legal Guardian _____ **Date** _____

By signing the below I agree to the rules set by my leaders and am aware of the consequences that may occur due to my actions.

Signature of Student _____ **Date** _____

West Valley Presbyterian Church Youth Ministries Medical Release and Liability Form

6191 Bollinger Road Cupertino, CA 95014 (Phone) 408-252-1365

6/1/09 - 5/31/10

Minor's Name: _____ School: _____ Grade _____

Address: _____ City _____ Zip _____

Phone: _____ Alternative Number (Cell / Pager): _____

Social Security Number (optional): _____ Date of Birth: _____

Medical Coverage: _____ Policy Number : _____

Primary Physician: _____ Physician's Phone: _____

Medical problems, allergies, special needs:

Date of most recent tetanus shot: _____

Mother or Legal Guardian's Name: _____

Mother or Legal Guardian's Address (if different from student):

City: _____ Zip: _____

Phone: _____ Alternative Number: _____

Father or Legal Guardian's Name: _____

Father or Legal Guardian's Address (if different from student):

City: _____ Zip: _____

Phone: _____ Alternative Number: _____

Emergency Contact other than parent: _____

Relationship to student: _____ Phone: _____

I hereby give permission for my child to participate in the Youth Ministries program at West Valley Presbyterian Church and any activities sponsored by the group including special events, both on and off the West Valley campus. This includes without limitation such events as swimming, hiking, backpacking, camping, beach trips, concerts, water slides, amusement parks, retreats, skateboarding, snow skiing, snow boarding, water skiing, skating (roller or ice), other sporting events, mission trips, etc and any transportation to or from or during any such events. I hereby release and agree to hold harmless West Valley Presbyterian Church, its employees and agents, designated leaders and various event sites from any and all liability for accidents, damage, illness, or injury to my child, and any and all claims, demand, losses, costs, expenses, or liabilities associated therewith. I understand that there are inherent risks involved with the various events. In case of emergency or in the event of illness or injury, I give permission to order appropriate medical care for my child. I hereby confirm that this form is completed and signed of my own free will.

Signature of Mother or Legal Guardian _____ Date: _____

Signature of Father or Legal Guardian _____ Date: _____