



# Peninsula Community Chapel Student Ministry General Information & Participation Form

Peninsula Community Chapel  
(757) 867.8530  
Chris Chappell: Youth Pastor  
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*please print in ink*

Effective dates: \_\_\_\_\_ to August 31, 2021  
DATE SIGNED

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MIDDLE

Male  Female | Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Primary phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Father's name: \_\_\_\_\_ Primary phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Primary phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a  good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to  pollens  medications  food: \_\_\_\_\_  
 insect bites  other: \_\_\_\_\_

3. Does your child suffer from, has ever experienced, or is being treated currently for any of the following:  
 asthma  epilepsy / seizure disorder  heart trouble  diabetes  frequently upset stomach  
 physical disability  other: \_\_\_\_\_

4. Does your child have a current tetanus shot?  Yes  No

5. Child wears  glasses  contact lenses (check if applicable)

6. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments (optional): \_\_\_\_\_

Should your child's activities be restricted for any reason? If yes, please explain: \_\_\_\_\_

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco products
- No student can provide transportation for Student Ministries events
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff and adult leaders and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, and the above evaluation of my health, I agree to abide by the stated personal limitations and rules of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, dodge ball, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, *Photo Scavenger Hunt, Back Yard Olympics*, and paintball. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.**

\_\_\_\_\_ has my permission to attend all youth activities sponsored by  
NAME OF STUDENT

**Peninsula Community Chapel: Student Ministry** (herein after the "Church") from \_\_\_\_\_ to **August 31, 2021**  
DATE SIGNED

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or otherwise unable to participate, or if they fail to honor the rules of conduct.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (print): \_\_\_\_\_

Witness (signature): \_\_\_\_\_ Date: \_\_\_\_\_