

United Methodist Women

WESTERN NORTH CAROLINA CONFERENCE

2010 School of Christian Mission

Important Information for Youth Participants, Parents & Chaperones

The Western North Carolina Conference United Methodist Women are committed to providing a safe and secure environment for all youth and volunteers who participate in programs and activities sponsored by the conference.

While keeping in mind that this is a volunteer organization with no paid staff, we will follow reasonable safety measures in the selection of volunteers & workers with youth; we will implement prudent operational procedures in programs & events where youth are participating; and we will educate our volunteers & workers with youth regarding the use of appropriate policies and methods.

As a part of our commitment to providing a safe and secure environment, it is our policy to require that youth participants, their parent(s) or guardian(s), and their adult chaperones complete the following forms:

1. Medical Release and Consent for Treatment Form for Youth

This form is to be completed by the parent(s) or guardian(s) and signed by both the parent or guardian and the youth participant.

2. Covenant and Consent Form for Youth

This form is to be completed and signed by both the youth participant and her parent(s) or guardian(s).

3. Covenant Form for Chaperones of Youth

This form is to be completed and signed by all non-parent or non-guardian chaperones.

Please complete the enclosed set of forms, with all appropriate signatures, and return them along with your registration form and registration fee to:

Peggy Wilkerson, Business Manager
WNCC School of Christian Mission
4678 Diamond Street,
Claremont NC 28610

The registration for a youth participant will not be considered to be approved and accepted until these forms have been completed and returned.

If you have questions, you may contact Michelene Mathews, Dean 2010 WNCC School of Christian Mission, at 704-759-3360.

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Medical Release and Consent for Treatment Form for Youth

I give my permission for _____
Print Name of Youth Participant

to attend the School of Christian Mission, to be held at Greensboro College, July 15-18, 2010. I understand that I cannot hold the Western North Carolina Conference United Methodist Women, its designated person in charge, or volunteer leadership responsible for any accident or injury that my daughter may incur while participating in this event.

I also understand that if my daughter becomes ill or injured during this event, I give my permission for her to be treated at the nearest medical facility, and I agree to pay all expenses related to medical treatment.

We, the undersigned, have read, understand, and agree to comply with the conditions stated above for participation in the School of Christian Mission.

Parent or Guardian Signature

Date

Youth Participant's Signature

Date

Additional Required Information

Name of Youth Participant: _____

Address: _____

Phone #: _____ Age: _____ Birth Date: _____

Local Church: _____

Parents' Names: _____

Emergency Phone # and Contact Person: _____

Medical Insurance Company: _____

Policy/Number: _____

Doctor's name & Phone Number: _____

Allergies and/or medical problems: _____

Prescription or Non-prescription medications: _____

Other important health or dietary concerns: _____

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2010 School of Christian Mission Covenant and Consent Form for Youth

Print Name of Youth Participant

COVENANT:

As a participant in the School of Christian Mission, I take seriously my responsibility and affirm my commitment for the well-being and safety of others and myself. I agree to remain on the site unless I have been given permission to leave by my chaperone and the Western North Carolina Conference United Methodist Women's designated person in charge. I will attend all activities, including meals. I will observe the scheduled curfew of 11:30pm by being in my room, being quiet, and not disturbing others. I will not use tobacco, illegal substances, or alcohol. I will respect the equipment and property of others and care for the facility that we share.

This covenant is made between each youth participant and the whole group. I understand that if I break the covenant, and if the brokenness cannot be reconciled, that my parent or guardian will be contacted and I may be sent home from the event.

Youth Participant's Signature

Date

CONSENT OF PARENT OR GUARDIAN:

I give my permission for my daughter to participate in the School of Christian Mission to be held at Greensboro College, July 15-18, 2010. I have read the covenant, which my daughter has signed, and I understand the responsibilities to which she has agreed. I will support her in fulfilling this covenant.

I understand that it is essential that my daughter conduct herself appropriately and refrain from the use of alcohol, cigarettes, tobacco, drugs, cursing, and other inappropriate behavior that may detract from the purpose of the School of Christian Mission or hinder other participants from enjoying the event. If it becomes necessary to take disciplinary action with my daughter, I will be advised of the situation, and I agree to cooperate in resolving the problem as amicably as possible. If the situation requires that my daughter be sent home from the event, I agree to assist with transporting my daughter from the event location to her home.

Check as appropriate:

I will be attending the School of Christian Mission with my daughter, and will be her chaperone for the time that we are at the School. I affirm my commitment to be responsible for her well-being and safety. I agree to know of her whereabouts at all times, and I take responsibility for her behavior while at the school. If we are resident students, I agree to room with her on campus or to stay in a suite with her if another young woman attends with her.

I will not be attending the School of Christian Mission with my daughter, but I have designated the following person to serve as her chaperone:

Name of Chaperone: _____

Please Print

Parent or Guardian Signature

Date

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2010 School of Christian Mission Covenant Form for Chaperones of Youth

COVENANT:

As a participant in the School of Christian Mission, to be held at Greensboro College, July 15-18, 2010, I have been given permission by her parent(s) or guardian(s), and I have agreed to serve as the chaperone of:

Print Name of Youth Participant

I covenant that I will take seriously my responsibility as a chaperone, and I affirm my commitment to be responsible for the well-being and safety of the youth participant in my care. I agree to know of her whereabouts at all times, and I take responsibility for her behavior while at the school.

For resident student youth chaperones: I agree to room with her on campus or to stay in a suite with her if another young woman attends with her.

I understand that the youth participant has signed the following covenant:

Youth Covenant:

As a participant in the School of Christian Mission, I take seriously my responsibility and affirm my commitment for the well-being and safety of others and myself. I agree to remain on the site unless I have been given permission to leave by my chaperone and the Western North Carolina Conference United Methodist Women's designated person in charge. I will attend all activities, including meals. I will observe the scheduled curfew of 11:30pm by being in my room, being quiet, and not disturbing others. I will not use tobacco, illegal substances, or alcohol. I will respect the equipment and property of others and care for the facility that we share.

This covenant is made between each youth participant and the whole group. I understand that if I break the covenant, and if the brokenness cannot be reconciled, that my parent or guardian will be contacted and I may be sent home from the event.

As her chaperone, I will support her in fulfilling that covenant.

Chaperone Signature

Date