

# 2016-2017 Covenant and Permission Form

If your child and/or youth plan to participate in any Ctk events during the 2016-2017 program year, please complete and turn in this form to the Ctk church office.



## Family Information

Parent/Guardian 1 and Phone \_\_\_\_\_

Parent/Guardian 2 and Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Address (if applicable) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email(s) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship to Child/Youth \_\_\_\_\_

Phone for Emergency Contact Person \_\_\_\_\_

**Would you like to opt-in to receive updates via email?** *Check all that apply.*

- Monthly Herald newsletter
- Weekly update "What's Happening at Ctk"
- Occasional Youth and Family Updates
- Occasional Children and Family Updates

**Please check all that apply to you.**

- I am a member at Christ the King.
- I am not a member at Christ the King.
- I am interested in becoming a member at Christ the King.

## Children/Youth Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Baptized?                      Yes                                      No                                      Not sure.

Hobbies of the child/youth \_\_\_\_\_

Allergies and Pertinent Health Information (Please include any and all necessary information regarding your child's health including but not limited to allergies, medications, special needs, behavioral issues, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children/Youth's Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Health Ins. Carrier \_\_\_\_\_ Group# \_\_\_\_\_ Member# \_\_\_\_\_

More on back page. →

## Medical and Media Release

- I give my child permission to attend and be transported to and from all church-sponsored events from Sept. 1, 2016 –Sept. 1, 2017. I understand that he/she must abide by the Covenant of Conduct, and if that Covenant is broken, in any way, I may be asked to pick up my daughter/son. I understand that in case of emergency, every effort will be made to contact parents, or guardian, or the emergency name listed above. If all are unreachable, I give my permission to the physician selected by Christ the King staff/leaders to provide ANY medical treatment deemed necessary by said physician. I hereby release CTK and its trip organizers, officers, directors, agents, employees, volunteers and affiliated organizations from and against any and all liability arising out of, or in any way connected with my child's participation in this CTK event.
- By checking this box, I hereby give permission for my child, while attending CTK events, he/she may be photographed or video taped, and my child's image and voice may be used at a later date for newsletters or church- related marketing, including our website and social media accounts. If you have any questions, please contact the staff.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Covenant

In everything we do as a group from Christ the King, we have responsibilities. As children and youth of CTK, we represent our families, our church, and most importantly, God.

1. I will respect the property of all facilities and the personal property of others.
2. I will not use or possess drugs, alcohol, tobacco products, firearms or weapons of any kind.
3. I will respect the rights of all members of our group; I will not harm anyone, physically, verbally or in any other way.
4. I will respect and follow the requests of all adults and leaders.

I agree to abide by this covenant. I understand if I choose not to abide by the covenant, disciplinary action will be taken which may include sending me home.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions regarding Children, Youth, and Family Ministry at CTK, please visit [lifeatctk.org/cyf](http://lifeatctk.org/cyf) or contact the church office 651-633-4674.