

**Code of Conduct**

1. No students may drive to or during

youth trips.

2. No student is allowed to go off by

himself or herself.

3. Possession of Tobacco, Alcohol, Illegal

Drugs, Firearms, or Pornography will

result in immediate dismissal from the

event, which will require the student to

be picked up from the event

IMMEDIATELY by Parents.

4. No electronics will be permitted on

Youth Trips. Cell Phones will be allowed,

on certain trips, but are to be used only

at appropriate times!

5. Medicines- Students are required to

make staff aware of any prescription

medications they may be taking.

6. We reserve the right to inspect the bags

and rooms of all students.

7. Members of the opposite sex are

prohibited from visiting or entering each

other’s rooms.

8. Proper modest attire must be worn at

all times.

9. All students are required to participate.

10. Lighthouse Assembly of God and Youth

Staff may photograph students during

events and services for the use of promotional

purposes.

11. Lighthouse Assembly of God and their staff and volunteers will not be responsible for incidental charges/damages to hotel rooms, or for personal property damaged or stolen, physical injury or harm during youth activities.

Lighthouse Assembly of God

105 Earland Dr. New Holland Pa 17557

717-354-0056

**Effective:**

**December 1, 2015 - December 31, 2016**

(Please print in ink)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_

Birth date\_\_\_\_\_\_\_\_\_\_

T-shirt size (circle one) S M L XL XXL

Grade \_\_\_\_\_\_\_\_\_\_\_ Gender: M / F

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical insurance company

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

Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/ Guardian Info:**

Parent /Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Info:**

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 person.** (If necessary, add another

page with details):

1. Does person have allergies to:

\_\_\_pollens \_\_\_\_medications \_\_\_\_food

\_\_\_\_insect bites

2. Does person suffer from, or have you

ever Experienced any of the following:

\_\_\_\_asthma \_\_\_\_epilepsy / seizure disorder

\_\_\_\_heart trouble \_\_\_\_diabetes

\_\_\_\_frequently upset stomach

 \_\_\_\_physical handicap

4. Does person wear glasses or contact

lenses?

5. Please list and explain any major

illnesses person has experienced during the last year:

6.Should this persons activities be limited

for any reason?

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

By signing this I give permission for my child, listed on this document to ride in motorized vehicles with staff or volunteers from Lighthouse Assembly of God to and from activities sponsored by Lighthouse Assembly of God. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in activities sponsored by Lighthouse Assembly of God, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I have read this document in its entirety and I have also provided accurate information. I give permission and agree to the terms and conditions completely.

Parent/Guardian Signature

x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_