



5201 West Woodmill Drive, Suites 31,32, Wilmington, DE 19808 (302) 635-7316

Youth Event Consent & Medical Release – for Teens (13 – 18 years old) Advisor Ratio – 1 advisor – 4 teens

In house event	Purpose, Location
YES	Spring Teen Overnight, 5201 West Woodmill Drive, Suites 31,32, Wilmington, DE 19808

Participant Information

Name:	Date of Birth/Age:	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O
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Parent/Legal Guardian Information

Name:	Relationship:	Home/Work Phone:
Home Address:	City:	State/Province: Zip/Postal Code:
		Cell Phone:

Second Emergency Contact Information

Name:	Relationship:	Home/Work Phone:
Home Address:	City:	State/Province: Zip/Postal Code:
		Cell Phone:

Personal Health Information (use reverse side of form if necessary)

My Son/Daughter is in good health and able to participate in all normal activities of the group. (If No Please explain on reverse side)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any special medical requirements (i.e. prescription drugs, OTC medications, special diets, etc.):	
Please list any/all allergies to medications/foods:	
Please list any/all other specific restrictions/conditions that require special attention/awareness:	
Personal Physician Name & Phone Number:	

Health Insurance Information

CSL DE does not provide supplemental health and accident insurance for your teen. Should it be necessary, we shall secure medical and/or hospital care. The following information will assist our efforts in arranging help for your teen. On the reverse side of this form please provide one of the following: A) A copy of both sides of the teen's health insurance card or B) Attached to this form a signed copy of the "Non-Health Insurance Disclosure Agreement."	
Policy Holder:	Relationship to Patient:
Policy Number:	Group Number:
Billing Address:	Carrier Phone Number:

The undersigned (parent or court appointed guardian of the Child named above) hereby consents to the performance and rendition of all emergency medical treatment and services and all other medical treatment and services as directed by, performed by, or rendered by any person licensed to practice medicine or directed by, performed by, or rendered by other qualified medical personnel during such child's attendance at and travel to and from any activities conducted or sponsored by or connected in any way with the Center for Spiritual Living Delaware. Without limiting the generality of the foregoing, the terms medical treatment and services include the administration or performance of X-ray examination, injection, blood transfusion, laboratory procedures, anesthesia, setting of broken bones, and surgical procedures. The undersigned hereby indemnify and agree to hold Centers for Spiritual Living Delaware, and their agents and employees, free and harmless against any damages, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services. **If for any reason insurance is unavailable or my insurance carrier does not pay, I hereby assume full responsibility for financial obligation of treatment.** This Consent and Release shall remain in full force and effect until revoked in writing by the undersigned.

Parent/Guardian Signature: _____

Date: _____

As the parent or legal guardian, I hereby consent for my child to attend and participate in all activities provided as described above.



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Youth Event Code of Conduct Form (required for all participants) Youth Adult

Event Title: **Spring Teen Overnight**

Event Location: - 5201 West Woodmill Drive, Suites 31,32, Wilmington, DE 19808 (302) 635-7316

Dates/Times: **From 5:00pm Friday March 29, 2019 – 4:00pm Saturday, March 30, 2019**

Participant Information

Name:		Date of Birth:	Age:
Home Address:	City:	State/Province:	Zip/Postal Code:
Home Phone:		Cell Phone:	E-Mail
Dietary Preference (If applicable to event)	<input type="checkbox"/> Regular	We will do our best to accommodate your dietary needs. Please let us know if you will be bringing your own food so we can set aside space for you.	
	<input type="checkbox"/> Vegetarian or Vegan _____		

Code of Conduct

Centers for Spiritual Living Youth Events are dedicated to the purpose of self-discovery through the ever-expanding awareness of the indwelling Presence of God and the practice of the philosophy of the Science of Mind. The willing observance of the Code of Conduct assists in establishing and maintaining this purpose.

All participants of the event are expected to comply with the following standards set by the Youth Ministry and any other Coordinating Committee:

- Attendance is required at all activities and youth will remain in designated area at all times.
- No alcohol, drugs or weapons are permitted on Center grounds or in possession of youth or adults at any time.
- Displays of affection will be kept in the bounds of good taste usually accepted for public gatherings.
- Bed check hour shall be observed by all. (In accordance to the facility/event or location rules/regulations)
- Respect shall be shown for all public and private property, including the property of others.
- Visitation of sleeping quarters by anyone other than those assigned is strictly prohibited.
- The use of tobacco products is strictly prohibited for minors and restricted to designated areas for adults (unless otherwise restricted by facility/location due to safety/fire danger)
- Ground rules of any host facility shall be observed at all times.
- I will act with integrity and maintain an attitude of gratitude with my peers/hosts and self.
- Clothing should be appropriate to a "Church" environment.

Failure to comply with these agreements will result in consequences that could include being sent home at my family's expense. As a participant in CSLDE youth activities, I agree to uphold the Code of Conduct as stated above. A signature below assures compliance with each agreement.

Participant Signature (Teen) _____

Participant Signature (Adult) _____

All participants fully accept responsibility for any and all personal property brought to any event. By execution of this form, the participant and/or the participant's legal guardian fully holds harmless and releases Centers for Spiritual Living Delaware, it's representatives employees, and any/all subcontractors from any responsibility and liability for any loss.

Youth Group Advisor Signature: _____

Date: _____