Maitland Presbyterian Church

PARTICIPANT INFORMATION AND RULES OF CONDUCT

Effective Dates: August 1st, 2025 - July 31st, 2026

Please print in ink:

Name of Participant: _____ Date of Birth: _____

Address: _____ City: _____

Zip: _____ Student Cell # : _____

Student School: _____ Grade: _____

Student Email: _____

Medical Insurance: _____ Policy # : _____

Mother's Name: _____ Mother's Cell # : _____

Father's Name: _____ Father's Cell # : _____

Mother's Email: _____

Father's Email: _____

Emerg. Contact Name & #: _____ Relation to Student: _____

MEDICAL INFORMATION

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition your child may have, and what, if any action or protection may be required. Such notification must be in writing and attached to this form. Please describe all medications, including dosage that must be taken.

1. Is your child currently under a doctor's care? If so, please explain. ☐ Yes ☐ No

   _____

2. Does your child have any allergies? If so, please explain: _____
3. Does your child have or has she/he had any of the following: **ASTHMA** **DIABETES** **EPILEPSY/SEIZURE DISORDER** **HEART TROUBLE** **PHYSICAL HANDICAP** **STOMACH PROBLEMS**
4. Does your child wear: **GLASSES** **CONTACT LENSES**
5. Should your child be restricted for any reason? ☐ Yes ☐ No
   If yes, please explain : _____

Photo Release: Please check the box if you GIVE CONSENT for Maitland Pres to share photos on the church's various social media platforms or church website ☐

RULES OF CONDUCT

1. No possession or use of alcohol, drugs or tobacco
2. No fighting, weapons, fireworks, lighters or explosives
3. No offensive or immodest clothing
4. No boys in girls' sleeping quarters, no girls in boys' sleeping quarters
5. Respect one another, staff or adult leaders
6. Respect property and event schedules
7. Unless medically prohibited, participation with the group is expected

STUDENTS WHO FAIL TO COMPLY WITH THESE RULES MAY BE SENT HOME AT THEIR PARENTS' EXPENSE

I have read the above Rules of Conduct and agree to abide by them.

Student Signature : _____ **Date:** _____

Maitland
Presbyterian Church

AUTHORIZATION FOR EMERGENCY ACTION & LIABILITY RELEASE

Child's Name: _____ Date of Birth: _____

In the event of a serious accident or illness, we request Maitland Presbyterian Church Maitland, Florida, or its representative to contact me or my spouse. If we cannot be reached, the church representative may make whatever arrangements are necessary to provide emergency care and treatment for our child. This may include conveyance to and treatment at a licensed hospital, other licensed medical facility or licensed physician. We also give permission to the physician selected by Maitland Presbyterian Church or its representative to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for our child as named herein. We will assume responsibility for services rendered.

In the case of an accident or illness where immediate treatment of our child is not indicated, but where he/she is unable to remain at the event, we request that the church or its representative contact us to arrange transportation for our child. If the church or its representative is unable to contact either of us, we request that one of the emergency contact persons be contacted and requested to care for our child.

We also give our permission for our child to be transported by Maitland Presbyterian Church, Maitland, Florida to and from church functions.

We acknowledge that Maitland Presbyterian Church, Maitland, Florida, or its representative, is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of our child as a result of injury or sickness. We agree to release, indemnify, defend and hold harmless Maitland Presbyterian Church, their agents, employees, volunteers or representatives, for any claims brought by any third party healthcare providers relating to expenses for medical care provided to my child at the request or direction of the agents, employees or representatives of Maitland Presbyterian Church. We understand that every precaution will be taken to assure the safety of our child. If our child is injured or becomes sick, we will not hold Maitland Presbyterian Church, Maitland, Florida or its representative responsible.

It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered. This form must be read, signed and notarized by a parent for your child to participate in any church field trip or activity. This form will be retained for the year beginning **August 1st, 2025 and ending July 31st, 2026**. Please notify the church of any change in this information.

Signed: _____ Dated: _____
Parent and/or Legal Guardian

STATE OF FLORIDA)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____day of _____ by _____ who is known to me, or who produced _____as identification, and who did take an oath.

_____ My Commision Expires: _____
Notary Public