

Gravity Weekend Check List

_____ Payment

_____ Online Registration

_____ QSBC Medical Release

_____ Character Contract

_____ Time Away Card (If Necessary)

Character Contract for Student Participation

@ Gravity Weekend 2019

The following is a contract that all students & parents must read, understand, agree to, and sign before participating in our Gravity Weekend 2019 (5pm Friday February 22nd through 12pm Sunday February 24th). In addition to the student's signature, a parent or guardian must also read and sign the contract. By signing this contract each student is obliged to comply by the guidelines set forth by QSBC, student ministry staff, and leaders or deals with the consequences assigned. The purpose for this contract is to provide a structure base or known expectations and allow us as a Gravity Weekend community to move beyond behavioral issues to focusing on the message of Jesus Christ.

I, _____, do agree to follow the guidelines listed below, and in doing so make a commitment of character to the church, my family, my peers, and myself.

1. I will be respectful of myself, other students, the leaders, host home parents and the church. I will be sensitive, caring, and aware of others needs, and respect their space and wishes.
2. I will be accepting of all other individuals even if they are different than me.
3. I will take responsibility for my own actions, and learn from my mistakes so as not to repeat them unnecessarily.
4. I will not participate in, encourage, promote, or condone, in any manner illegal (fireworks, alcohol, drugs, vandalism, t-p'ing, etc.), unethical, or potentially harmful activities to myself or the church, and host homes.
5. I am a guest in the home of my host family, and I will be responsive to their requests & suggestions.
6. **I will not be allowed to leave the host home unless I have arranged this with student ministry staff in advance and reflected on a Time Away Card.**
7. I will not bring any electronic devices, vapes, juuls, fireworks, alcohol, drugs, knives, or any other item that would take away from the focus of the weekend to Gravity '19.
8. I understand physical or verbal abuse towards other people will not be tolerated period.
9. I understand that I will, in no way, be alone and out of sight with someone of the opposite sex.
10. I understand that while I am at Gravity '19 the leaders, and staff have my best interest in mind, and I will abide by what they say beginning *Friday, 5:00 PM--Sunday, 12:00 PM*.
11. I will follow the schedule for the weekend doing my best to be where I am supposed to be when I am supposed to be there.
12. Knowing that the purpose for this weekend is to provide teachings about Jesus Christ & discipleship, I will commit to being open to God's leading in my life this weekend.

CONSEQUENCES

If I do not abide by these guidelines that I have committed to, I understand the consequences that follow: I will be confronted about my actions and/or I will be given an appropriate type of discipline and/or I will be sent home. I will also be financially responsible for any damage other than accidental damage.

Student's Signature

Parent/Guardian's Signature

Quail Springs Baptist Church
Student Ministry
14613 N. May Ave., Oklahoma City, OK 73134
Medical Permission and Release Form **2018-19**

The following information will be used with registration forms completed for any student ministry events. Please take a few moments and complete all information correctly, i.e., check spelling of names, addresses, zip codes, phone numbers, etc. **Please complete both sides of this document.**

Student's Name _____ Date Completed _____

Address _____ Phone _____

Age _____ Birth Date _____ Grade **(18-19)** _____ Sex (circle) MALE FEMALE

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Work Phone _____

Email address _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance [] Yes [] No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Numbers _____

****Please attach a copy of the front and back of your insurance card to be turned in with this form.**

List Date of Last Tetanus Immunization _____:

Check if Child has had vaccinations for: Chicken Pox _____ Measles _____ Mumps _____
Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

I (We) hereby DO ___ or DO NOT ___ consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

Quail Springs Baptist Church and student Ministries (together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation "QSBC" throughout this entire form and the term "QSBC" shall refer to them individually as well as collectively.

- I (we) hereby authorize QSBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by QSBC and/or Student Ministries.
- I (we) hereby authorize QSBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize QSBC to include my (our) child in routinely supervised water activities.
- I (we) hereby authorize QSBC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) hereby do authorize QSBC to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonable deemed necessary.
- I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby release, forever discharge and agree to defend and hold harmless QSBC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with QSBC.
- I (we) (and on the behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.
- Further authorization and permission is hereby given to QSBC to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agree to hold harmless and indemnify QSBC from and against any claim against or loss incurred by QSBC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by QSBC at its office at 14613 N. May Avenue. I (we) acknowledge and agree that it is my (our) responsibility to notify Quail Springs Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

PHOTO RELEASE

I DO___ DO NOT ___ give Quail Springs Baptist Church permission to publish photographs or video footage taken of my child during church related activities or events.

Parent Signature_____ Date_____

Time Away Card

Student Name: _____

Grade: _____

Cell Phone: _____

Day(s) & Time(s) Away:

Person picking up/dropping off student:

In case of emergency contact:

Parent Signature

Date

Student Signature

Date