

**Alabama West-Florida Conference
Photo Release**

CHILD'S NAME: _____

PARENT(S): _____

ADDRESS: _____

PHONE NO: _____ OR _____

E-MAIL: _____ OR _____

_____ I **DO** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

_____ I **DO NOT** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date: / /

Crosswalk Code of Conduct

Each young person participating in the Crosswalk afterschool program is expected to abide by the following code of conduct. What you say and do has an important impact on others; it is our desire that your impact will be a positive one. In order to leave a positive impact, you are expected to abide by the following guidelines:

1. Keep a positive attitude
2. Show respect for everyone with whom you come in contact, by your actions and your words.
3. Respect the facilities. (e.g., Do not throw or kick balls at the doors or walls, no standing, walking, or running on furniture, clean up after yourself.)
4. No obscene language, drugs, alcohol, tobacco, or weapons.
5. No public displays of affection. This includes “hanging on” someone, excessive hugging, kissing, or other obviously “romantic” behavior.
6. No excessive entering and exiting of the building. Once you sign out and leave the building you will not be allowed to reenter.

At no time will the leadership of Crosswalk tolerate language or behavior that is disrespectful or rude to other students or to those in authority over the group.

Student Signature:

Date:

Parent Signature:

Date:

STUDENT MEDICAL RELEASE FORM
Gulf Breeze United Methodist Church

STUDENT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MAIN PHONE: _____ OTHER PHONE: _____
BIRTH DATE: ___/___/___

MEDICAL INFORMATION

STUDENT'S PHYSICIAN: _____
PHYSICIAN'S PHONE NUMBER: _____
INSURANCE CARRIER: _____
POLICY NUMBER: _____
FOOD PREFERENCES (Gluten-free, Vegetarian, etc.)

List any allergies/medication your child has or is taking. Please also describe any medical information that a physician may need in the even your student needs immediate care:

Father's Name: _____
Cell: _____ Home: _____ Work: _____

Address if different from above: _____

Mother's Name: _____
Cell: _____ Home: _____ Work: _____

Address if different from above: _____

I, the undersigned, do hereby release and forever discharge Gulf Breeze United Methodist Church (GBUMC) and sponsors from any and all claims, demands, actions or cause of action –past, present future- arising out of any damage or injury to my child whose name is listed above. My permission is granted to GBUMC staff member or GBUMC sponsor in charge to obtain medical attention in case of illness or injury to my child.

Parent/Guardian Signature: _____

Printed Name: _____

Contact me about volunteering: _____ Yes _____ No