



Freedom Quest Program
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FREEDOM FOR YOUTH RULES OF CONDUCT

1. Participate in all activities and classes with a good attitude.
2. Always use appropriate actions and language.
3. Always be considerate and respectful of others.
4. Respect all Freedom for Youth property.
5. No leaving campus without permission from one of the staff members.
6. No being in possession of or under the influence of drugs, alcohol, or weapons.
7. Dress in a manner which reflects God, self-respect and safety.
8. No public display of affection (No purple!)
9. No iPods or cell phones (music and texting can wait until you're home.)

Discipline Policy

Step 1: A verbal warning.

Step 2: Write a paragraph explaining the inappropriate action or behavior and how you will correct it. If you refuse to write the paragraph, you will go to Step 3.

Step 3: Leave the campus immediately and it is up to the staff to determine the level of discipline depending on the severity of the incident.

I, _____, agree to follow the rules set by the Freedom for Youth staff. I agree to the discipline policy for an inappropriate action or behavior. I will abide by the level of discipline for the given situation.

Student's Signature: _____ **Date:** _____

In case of an incident, Freedom for Youth staff should contact:

Name: _____ Their relationship to you: _____

Phone Number: _____

Address: _____

PARENT/GUARDIAN CERTIFICATION

PLEASE READ EACH BULLET POINT AND SIGN IF YOU AGREE TO THE TERMS

- ***I am supportive of participation*** and give permission for my student to participate in the Opportunities/Classes offered to my student through Freedom for Youth Ministries. I also agree to allow photos, short video clips, and/or pictures of the students work while involved with Freedom Quest Programs for purposes of sharing the Freedom Quest Program with others. Your child's name will not appear on any of the materials that are submitted.

PARENT INITIALS: _____

- **I agree to allow my child to participate in classes where power equipment and power tools are used.** Students enrolled in woodworking, metals or mechanical classes will be using various power tools, welders and torches that may cause injury if not used properly. The students will study safety procedures, discuss safety rules, and will pass various safety quizzes requiring 100% correct answers. The students will see demonstrations on all equipment and the instructor will observe their performance on all tools and equipment. Students must understand and agree that safe work habits and conditions are a necessary and important part of the class.

Students may use the following tools in class:

Drill Press	Band Saw	Table Saw	Router	Other Misc. Power Equipment
Lathe	Sander	Radial Arm Saw		Compressed air powered tools
Welders	Metal Cutters	Torches		

I will allow (Student Name) _____ to use the above listed power tools in the construction of projects at Freedom for Youth Ministries. I understand that Freedom for Youth Ministries cannot be responsible for accidents that may occur as a result of my child failing to follow the safety rules taught in class.

PARENT INITIALS: _____

If you have any specific concerns regarding your student's safety, please list them here:

- **I agree to allow my child, _____, to have permission to travel with the Staff/Volunteers from Freedom for Youth Ministries for the Field Trip activities.** Travel includes to and from the Freedom for Youth Campus, and to and from field trip activities.

The undersigned specifically waives and releases any and all liability, claims, demands, actions, and causes of action, present and future, against Freedom for Youth Ministries and its staff or volunteers, arising out of travel related activities.

PARENT INITIALS: _____

- **I authorize the sponsor of these activities** as my agent to consent to any necessary medical or dental treatment deemed necessary for the above named student while participating in the above listed Freedom for Youth activity. I further release the Free for Youth, its staff and volunteers from any claims for injury to the above named student, which might occur during participation in this, proposed activity/activities.

In signing my name below, I understand and agree to the requirements.

PARENT SIGNATURE: _____

HEALTH CARE INFORMATION

PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

MEDICAL INSURANCE COMPANY: _____

POLICY / GROUP NUMBER: _____

NAME OF POLICY HOLDER: _____

DENTIST : _____

ADDRESS: _____

PHONE NUMBER: _____

DENTAL INSURANCE COMPANY: _____

POLICY / GROUP NUMBER: _____

NAME OF POLICY HOLDER: _____

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in PF activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc):

PARENTAL PERMISSION & MEDICAL AUTHORIZATION FORM

PARTICIPANT NAME: _____

BIRTH DATE: _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Freedom for Youth Ministries of Des Moines, IA. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the Freedom for Youth Ministries.

MEDICAL RELEASE

I hereby authorize the Freedom for Youth Ministries, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

CUSTODY RELEASE

I further authorize the leaders of Freedom for Youth Ministries to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

ACTIVITY RELEASE

I further give permission for my child to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Parent or Guardian: _____

Street Address: _____

Phone Number: _____ Cell Number: _____

Parent or Guardian E-mail Address: _____

OTHER EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to Participant: _____

Phone Number: _____ Cell Number: _____