



**Travel Form**  
**JANUARY 1, 2024 - DECEMBER 31, 2024**

**PERMISSION/MEDICAL RELEASE FOR:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

**PARENT/GUARDIAN'S NAME** \_\_\_\_\_ I GIVE PERMISSION FOR MY CHILD TO JOIN THE KIDS/YOUTH OF **NEW HOPE CHURCH IN MARYSVILLE, KS**, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

THIS DOCUMENT WILL BE VALID AND IN FULL EFFECT FROM JANUARY 1, 2024 – DECEMBER 31, 2024

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE (MM/DD/YEAR)** \_\_\_\_\_

**EMERGENCY PHONE NUMBER ( \_\_\_\_\_ )** \_\_\_\_\_

**MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)**

ALLERGIES \_\_\_\_\_

MEDICATIONS BEING TAKEN \_\_\_\_\_

PHYSICAL HANDICAPS \_\_\_\_\_

MEDICAL INSURANCE Co. \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_

**YOU WILL NOT BE ALLOWED TO GO ON ANY KIDS/YOUTH TRIP OFF-CAMPUS WITH NEW HOPE CHURCH WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.**

**KIDS/YOUTH MINISTRY GUIDELINES**

**The following are the guidelines of KIDS/YOUTH Ministries of New Hope Church.**

**These guidelines are in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.**

1. **Enjoy yourself.**
2. **Students will respect the authority of each adult involved in KIDS/YOUTH Ministries. In the event that this respect is not given, parents will be immediately informed.**
3. **In light of the spiritual focus of KIDS/YOUTH Ministries, only appropriate music will be played on trips. (The use of any personal listening devices will be at the discretion of the Pastor or Sponsor.)**
4. **Modest one-piece swimsuits for girls will be the standard for all Church activities. Chaperones will decide on questionable attire.**
5. **Everyone's shorts are to be school standard (finger-tip level while standing with arms extended straight down). T-shirt messages are to be wholesome. (The Christian lifestyle does not promote the lifestyle of most secular society.)**
6. **All groups will clean the vehicles and facilities used before the end of the trip or program.**
7. **For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are involved in. (Parents will be notified by the Pastor for infractions of this rule.)**
8. **No one may enter the room of the opposite sex whether at the camp grounds or under any other conditions.**
9. **No tobacco products, alcohol, or other controlled substances.**
10. **If a discipline problem is deemed serious enough, the student will be sent home at the parent's expense.**

**I have read and agree to follow these guidelines.**

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Kid/Youth Signature

Date

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Parent/Guardian

Date



**New Hope Church  
1137 Pony Express Hwy  
Marysville, KS 66508**

