



1+1 Student Ministries Activities Guidelines

General Guidelines: Because this is a church sponsored event where we will be representing ourselves, Aspen Park Baptist Church, and most importantly Jesus Christ, participants are expected to conduct themselves in a respectful Christian manner. Each person should respect themselves, the other participants, the adult sponsors, and most of all God.

“So in everything, do to others what you would have them do to you...”

Matthew 7:12

Specific Guidelines:

- ✦ For safety reasons, no youth participant may leave the group without permission from an adult sponsor(s). Youth participants are required to stay with our group and adult sponsor(s) when we are all together, as well as when we are in smaller groups. In other words, no youth participant is to separate him/herself from the large group or from a small group and be by themselves or with other youth only. Since we as adult sponsors are responsible for the youth who are participating in a particular activity or trip, youth are required to stay with their adult sponsor(s) at all times unless given permission from an adult sponsor(s).
- ✦ Anyone destroying property will be required to pay for the damage.
- ✦ Participants are responsible for fulfilling any assigned duty and any instructions given by an adult sponsor.
- ✦ No alcohol or tobacco products of any kind will be tolerated on Youth trips.

I have read and understand all of the guidelines listed above and agree to abide by them while attending **any and all Youth events** with Aspen Park Baptist Church.

Signature of Participant: _____

I have read and understand all of the guidelines listed above and agree to partner with and support Aspen Park Baptist Church and its leadership in ministering to and leading my youth while they participate in the ministry event or activity listed above.

I also give permission for my student to be transported by an Aspen Park sponsor to and from the event.

I also give permission to provide/treat my student with medical assistance in case of an illness or emergency.

Name of Insurer: _____

Policy or Group Number: _____

Signature of Parent: _____

Contact Number: _____