

Covenant

Location and Date _____ Name of Church _____

In compliance with the expectations of Deep Impact Missions and Camps, I enter into the following covenant agreement as a participant in the aforementioned week.

I will exhibit a Christ-like character at all times, living in such a way that the fruit of the Spirit (Gal. 5:22-23) is evident in my words and actions. This includes the following commitments.

- I will speak kindly and use language consistent with being a follower of Christ.
- I will demonstrate respect for the rights, feelings, and property of others.
- I will respect the facility and the guidelines established for care of the facility.
- I will not consume alcohol, tobacco, vapes or illicit drugs while engaged in this ministry or event.
- I will dress appropriately, using the guidelines offered in the *Guide for Appropriate Dress*.
- I will assist in ensuring the safety of the environment for those around me.
- For both my protection and the protection of others, I will make every effort not to be alone with anyone during the Deep Impact week.
- I will be mindful of my interactions with others, especially at it pertains to physical contact.

I do not have any of the following that would exclude me from working with minors:

- An illness or disease that may affect my work with children or students.
- A conviction of a criminal offense.
- Been held liable to a court for a civil wrongdoing or an order made against me by a matrimonial or family court.
- Been dismissed, disciplined, move to other work or resigned from any paid or voluntary work as a result of complaints, charges or allegations that my conduct resulted in any kind of harm to children or students.

I agree to the above behaviors and know of no reason outlined above or otherwise that would keep me from ministry with children and students.

Printed Name _____

Signed _____ Date _____

Note any Disclosures Here: _____

Medical Form

Location and Date _____ Name of Church _____

Name _____ Age _____ Date of Birth _____

Parents/Guardian _____ Phone (____) ____ - _____

Mailing Address _____

In case of emergency notify: _____ Phone (____) ____ - _____ Relation _____

Name Of Church _____ Phone (____) ____ - _____

MEDICAL PROFILE

General Health (Check One) _____ Excellent _____ Good _____ Fair _____ Poor
If FAIR or POOR please explain condition _____

List any medical difficulties for which you are currently being treated. _____

List any medicines or substances to which you are allergic. _____

List any medications you are currently taking. _____

List any previous operations or serious illnesses. _____

List any special diet (for medical purposes). _____

Check childhood diseases: CHICKEN POX MEASLES MUMPS WHOOPING COUGH OTHER

Date Of Tetanus Immunization: ____/____/____ Family Physician _____

INSURANCE INFORMATION

INSURANCE COMPANY _____ POLICY # _____

SUBSCRIBER NAME _____ DOB of Subscriber _____

SUB. # _____ PLACE OF EMPLOYMENT _____ OCCUPATION _____

WORK PHONE NUMBER (____) ____ - _____ OTHER CONTACT NUMBER (____) ____ - _____

PERMISSION TO TREAT AND PHOTO/VIDEO NOTICE

My permission is granted for the DEEP IMPACT STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my camper. I also understand that as a participant, my child may be photographed or videotaped during the normal DEEP IMPACT camp activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, the Baptist State Convention of North Carolina and their employees and North Carolina Baptist Men/Baptists on Mission from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in DEEP IMPACT.

Please complete and sign below (students under 18 years of age requires parent/custodial signature)

Participants Signature _____ Date ____/____/____

Parent/Custodial Signature _____ Date ____/____/____

Parent/Custodial Name (print) _____

PLEASE BRING (2) COPIES OF THIS FORM TO CAMP – DO NOT MAIL

Permission to Participate
2022 – 2023
Enrollment & Emergency Contact Information



My Child, _____ has permission to participate
in Youth Ministry Off Campus events sponsored by
(Event)

MVBC Youth Ministry 6–12 Grade during the June, 2022 – May, 2023 year.
(Organization and Grade)

DETAILS:

Will be provided by the leaders of the organizations for each trip.

SUPERVISION PROVIDED BY:

Youth Ministry Leaders

TRAVEL BY:

(Please mark travel method(s) you approve of for your child)

Personal Vehicle Church Bus Other _____

BRING:

Instructions on what you would need to bring will be provided
with the notifications sent out for each trip.

If you have questions, please call your child’s leaders.

I (We) give permission for my son/daughter to attend and participate in events with the MVBC Youth Ministry and receive medical treatment if necessary; every effort will be made to contact me in an emergency. However, if I cannot be reached, I give permission to the staff of Mount Vernon Baptist Church’s Youth Ministry program to secure the services of a licensed physician to provide the care necessary, including anesthesia and injections, for my child’s well-being. This form may be photocopied for use off-site.

Please list any medical allergies, medication being taken, medical problems, or any other pertinent information regarding your child:

Parent’s Signature

Date

Emergency Phone Numbers:

(Individual)

(Phone Number)

(Individual)

(Phone Number)