

Behavior Policy (CrossWinds Students)

I understand and agree to the following:

I will:

1. Respect and obey leaders (even if I disagree)
2. Focus and not distract (during service, studies and small groups)
3. Glorify God and encourage others in words and actions
4. Stay with the group at all times (unless permission by a leader)
5. Stay until the published ending time of an event (unless permission by a guardian)
6. Respect physical boundaries: no inappropriate touching or comments.
7. Seek to honor God in what I wear. Here are some standards for General events: Clothes should cover fully: bra, butt, belly, boxers and / or briefs. For Swim events: Girls can wear (@ swim area) a modest one-piece, tankini, or bikini with a darker shirt. Guys can wear modest shorts (knee length and not sagging) plus a shirt. These guidelines are a minimum protection, without being legalistic. Both guys and girls are welcome to dress more conservatively than this, we simply ask everyone to bear (not bare) with us in trying to develop an appropriate dress code. We have sought to protect and promote the purity of our bodies; a gift God says is both fearful and wonderful.

I have read the behavior policy and agree to abide by them, realizing that disobeying these rules may result in being sent home and/or suspension from attending services or events.

_____ (**Student** Signature)

_____ (Date)

_____ (**Guardian** Signature)

_____ (Date)

_____ (Emergency Contact Phone Number)

Medical Waiver (CrossWinds Students)

Name of Student: _____

In case of emergency, notify: _____

Phone #: _____

HEALTH HISTORY (place check in box if applies):

DRUGS	HAY FEVER
INSECT STINGS	OTHER ALLERGIES
DIABETES	HEART CONDITION
CHRONIC ASTHMA	EPILEPSY/ OTHER NERVOUS DISORDER
FREQUENT COLDS	FREQUENST STOMACH UPSETS
PHYSICAL HANDICAP	

If any box is checked, please give details (normal treatments/allergic reactions):

Name & dosage of any medication

CrossWind's Evangelical Free Church Insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at a church sponsored activity. Do you have Health Insurance? YES () NO ()

Name of insurance _____

Policy # _____

I, _____ hereby give my permission to the physician selected by CrossWinds Church to hospitalize, to secure medical treatment for my child as deemed necessary. I acknowledge that it is my desire that my child participate in church sponsored activities through CrossWinds church (both on / off church campus) as well as transportation to /from activities. I release and discharge CrossWinds Church, its officer, employees, agents and members of the Board of Elders from all actions, claims or demands I, my child and the heirs, distributes, guardians, legal representatives or assigns which either of us now have or may hereafter have for any injury or damages resulting from the negligences or other acts, howsoever caused, by such parties involved. This consent and Waiver of liability shall remain effective until revoked in writing and delivered to CrossWinds Church.

IMPORTANT photo release (initial box): I authorize CrossWinds Church to publish the photographs taken of my child in print or online.

Date: _____

Signature: _____