

*The following form (one for each student) must be on file with the GCCHSA before your child participates in any GCCHSA Jr./Sr. High activities or events. Please return with your Statement of Faith, Information Sheet, Parent Participation Checklist, and Annual Dues by September 30<sup>th</sup>.*

**I. STUDENT CONTRACT AGREEMENT**

I, \_\_\_\_\_, a student of the GCCHSA, agree:

1. to give leaders and chaperones of the GCCHSA Jr./Sr. High my full respect and cooperation and to accept their authority over me while I am away from my parents or guardians.
2. to cheerfully obey directions of the chaperones with promptness and accuracy to the best of my ability.
3. to be courteous and respectful to others, including leaders, chaperones, other members of the GCCHSA Jr./Sr. High, guests, and hosts of activities and events.
4. to refrain from back talk, name calling, slander, and gossip and to treat others better than I expect to be treated.
5. to be honest and truthful and to refrain from stealing and cheating.
6. to refrain from the possession of illegal substances and/or dangerous weapons.
7. to display good stewardship in caring for the properties of all facilities used by the Jr./Sr. High and also for the property of other students at GCCHSA activities and events.
8. to dress modestly so as not to cause a bother or sister in Christ to stumble and sin, and to wear clothing appropriate for the activities or events.
9. to uphold and comply with the “No Romantic Touch” policy as stated in the GCCHSA Policies (see Policies, Section 5.7).
10. to stay in assigned areas unless given permission to leave.
11. that, if I drive myself to an activity or event, the GCCHSA will not be responsible or liable if I leave early or remain afterward.
12. that if I fail to comply with the above standards, I may lose the privilege of participating in GCCHSA Jr./Sr. High activities and events.

The GCCHSA recognizes that families hold the ultimate responsibility for the training up of their children and for determining the consequences of unacceptable behavior. However, when GCCHSA students and guests participate in an activity or event sponsored by the GCCHSA, the responsibility for determining appropriate behavior is held by the leaders and adult chaperones of that activity or event that have been approved by the GCCHSA General Board of Trustees. These leaders and chaperones are authorized to issue a verbal warning to those students and guests in violation of any of the above standards and to discuss appropriate behavior with them. If there is a second occurrence of the same violation at the same activity or event, the student’s parents shall be called and asked to pick up the student or guest. If the misconduct continues at other activities or events sponsored by the GCCHSA, a probationary period or revoking of privileges of participation may be considered by the General Board of Trustees on the recommendation of the Jr./Sr. High Coordinator (see Policies, Section 5.9).

We, \_\_\_\_\_, the parents/guardians of \_\_\_\_\_ are current members of the GCCHSA and acknowledge that God has given us the responsibility to train and discipline our child. When informed of any misconduct, we agree to take proper disciplinary action, with the goal of ensuring compliance with the standards of the Student Contract Agreement as set forth by the GCCHSA.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of parent(s)

\_\_\_\_\_  
Date

**II. GENERAL PERMISSION SLIP**

\_\_\_\_\_ has my permission to attend activities and events sponsored by the GCCHSA. In the event of a medical emergency, permission is given to the GCCHSA chaperones to seek medical attention.

\_\_\_\_\_  
Signature(s) of parent(s) Date

\_\_\_\_\_  
Home phone number Cell phone number(s)

**III. MEDICAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency contact if parents cannot be reached \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Does the student have any allergies to medicine? Food? Other?  Yes  No (If yes, please specify)

Does the student have any medical conditions?  Yes  No (If yes, please specify)

Please list all medications currently taken by the student

Are there any other issues that the Jr./Sr. High Coordinator should be aware of?  Yes  No (If yes, please specify)

**IV. GRADUATION INFORMATION**

I plan to have my 8<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_ grade child participate in the June 20\_\_ graduation.

\_\_\_\_\_  
First name Middle name Last name