

# GPBC Youth Activities/Outing Guidelines



## Our Vision:

The vision of the GPBC Youth Advisors is to mentor and equip our youth to develop faith that exists outside of the church building. A walk with Christ that is dynamic, lived out and shared beyond the church walls.

## Scriptural Foundations:

1. **Romans 12:1**- "Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God ~ this is your spiritual act of worship."
2. **Luke 9:23** – "Then he said to them all: If anyone would come after me, he must deny himself and take up his cross daily and follow me."

## Our Objectives:

1. To ensure safety for all youth while on an outing.
2. To ensure that the guidelines for behavior and safety are followed.
3. Assist in coordinating if the implementation of an activity.
4. To contribute to the spiritual development of all youth by providing a meaningful, appropriate, and inspiring experience within the guidelines provided by the Pastor.

## Youth Guiding Principles

### Youth Group Rules

John 13:34-35: "A new command I give you: Love one another. As I have loved you, so you must love one another. By this everyone will know that you are my disciples, if you love one another."

- Show respect for everyone you come in contact with, by your actions and your words. This means that making fun of others and cutting each other down is not acceptable.
- Respect your brothers and sisters in Christ. Do not speak when someone else is speaking.
- Respect the facilities. No horse playing.
- Keep a positive attitude.
- Remember that you are an ambassador for Christ and this church and, as such, your actions and words provide either a good or bad example.
- No obscene language
- No drugs, alcohol, or tobacco use.

- No Weapons
- Public displays of affection while at church functions are inappropriate, this detracts from our purpose as we meet as a group. Youth Advisors will model appropriate behavior.

## Youth Advisor Responsibilities

1 Peter 4:8-10: Above all, love each other deeply, because love covers over a multitude of sins. Offer hospitality to one another without grumbling. Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms.

- Youth Advisors will be in continuously prayer for all youth.
- Advisors are expected to communicate with the parents or guardians of all youth so there is no misunderstanding as to upcoming events or outings.
- Advisors will give an outline of their responsibilities, expectations and details of how supervision will be done and carried out.
- Ensuring the safety of all youth.
- Responsible for providing supervision for youth before and after an event in a designated area. Advisor(s) will remain in designated area until all youth have been picked up by a parent or guardian.
- Advisors will have a sign in and out form for parent(s) or guardian(s) to sign for participation of event. It is the responsibilities of the parent(s) or guardian(s) to sign in and out their child.
- Supervising youth will not be surrendered to others who are not known to an advisor.
- Advisors will supervise youth ages 12 and older without the presence of a parent or guardian. Youth ages 11 and younger must be accompanied by a parent or guardian (*Siblings cannot be responsible for each other*).
- Will have an accurate count of how many Advisors attending and chaperoning event or outing.
- Advisor(s) whom have committed to attend an outing, but is unable able to attend, it is the responsible of that advisor to find a replacement for the outing.
- Advisors will a have list of all youths attending an event or outing. All youths will be assigned to a youth advisor.
- There will be two males present either from youth advisory ministry, deacon ministry or designated responsible male(s) chosen by the Chairman of Deacon Ministry at all events.
- The ratio of youth to an advisor will be 2 advisors to every 10 youths. Youths will know who they're assigned to before outing.
- Advisors will communicate prior to event in person or by conference call to finalize the details of the event. Advisors will have a confirmed list of youths attending, an agenda from start to finish, duties of each advisor and all required documents.
- Advisors will have cells phones on all time during an event. Parents or guardians will be provided with contact information prior to the event.
- Appointed Advisor will arrive early at place of event to confirm.

## Youth Requirements

Luke 9:23 "Then he said to them all: If anyone would come after me, he must deny himself and take up his cross daily and follow me."

- All forms have to be signed and returned by the deadline date: Forms required are Youth Information and Health Form, Permission and Transportation Form, Waiver Form.

- If transportation is needed it should be indicated in advance and needs to be included on your Permission and Transportation Form.
- All forms must be turned in a week before in town outings and 3 weeks for out of town outings.
- Each youth are required to join 1 ministry of their choice (choir, usher, dance, or media ministry), 1 Community Service or Outreach (2 by the end of the fiscal year) and attend Sunday school 75%-80% of the year.
- Accurate records of attendance will be kept if there is ever a question present of a youth not participating in a ministry or function.

## **DISCIPLINES**

### Consequences of Inappropriate Behavior While on Outings

- Disruptive or unsafe behavior on outings will not be tolerated. Disruptive and unsafe behavior includes any violations of the Youth Group Rules as well as specific rules imposed for the outing. The final authority determining what is and is not considered disruptive and unsafe behavior will be the Youth Advisors.

Consequences will be progressive:

- a) **First offense:** Youth will receive a verbal warning from the Advisors.
- b) **Second offense:** Youth will contact his or her parent or guardian to explain the problem. An Advisor will then speak to the parent or guardian in order to ensure that the parent or guardian understand the situation. Appropriate consequences will be enforced on the outing.
- c) **Third offense:** Youth will be asked to call their parents or guardian to pick them up. Youth will contact his or her parent or guardian to explain the problem and arrange for transportation home. An Advisor will then speak to the parent or guardian in order to ensure that the parent or guardian understand the situation. Additionally, the youth will not be allowed to participate in the next outing away from the church. Further determination of appropriate consequences will be made by the Youth Advisory Ministry.

## **Dress Guidelines**

- It is important that our dress is appropriate. It is our intention to be holy and pleasing to God. Clothing should not be disruptive or bring unnecessary attention to the wearer. The following will not be permitted:
  - a) *Bare midriff, spaghetti straps, and tank tops, see through clothing, tube tops, and halter tops.*
  - b) *Visible undergarments. Pants should be worn at waist/hip level.*
  - c) Dresses, skirts, shorts, skorts and garments that are not longer than the wearer's fingertips with the arm and hand fully extended. If a garment has a slit, the top of the slit must be lower than the wearer's fingertips with the arms and hands fully extended.
  - d) No clothing with offensive or obscene pictures and/or words.



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**Youth Informational Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M\_ or F\_\_ School & Grade Level \_\_\_\_\_

Cell Phone# (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Medical information we should know (Include food allergies) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M\_ or F\_\_ School & Grade Level \_\_\_\_\_

Cell Phone# (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Medical information we should know (Include food allergies) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M\_ or F\_\_ School & Grade Level \_\_\_\_\_

Cell Phone# (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Medical information we should know (Include food allergies) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

MY SIGNATURE BELOW AUTHORIZES IN THE CASE OF EMERGENCY (AFTER ATTEMPTING TO REACH MY EMERGENCY CONTACT) FINDING APPROPRIATE MEDICAL ATTENTION FOR MY CHILD.

**PROMOTIONAL RELEASE:** I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by Greater Peace Baptist Church Programs. I understand that these materials are being used for promotion of the ministry of the church, which includes recruitment and fund-raising efforts. I release Greater Peace Baptist Church from any liability connected with the use of the pictures or voice recording as part of any promotional, recruitment, or fund-raising program.

***Would you like to receive text message reminders about upcoming events? yes or no***

***Would you like to receive emails reminders about upcoming events? yes or no***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Youth Permission Slip/Emergency Notification Form to Attend Outings.**

**Note to Parents or Guardians:** There are three sections to this form. Your signature at the bottom of this form indicates that you have read, understood, and agreed with the contents of the entire form.

**Section I (Staff to complete)**

**Outing Trip (destination):** \_\_\_\_\_ **on (date):** \_\_\_\_\_

\*\*Departing GPBC at: \_\_\_\_\_ \*\*Returning to GPBC at: \_\_\_\_\_  
 Permission Slip Due Date: \_\_\_\_\_ Financial cost for youth: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Section II**

In case of serious illness or injury, the student's parent or legal guardian will be contacted at the number(s) listed below.

**In the event of illness or injury and it is not possible for the hospital or school authorities to contact me, I give permission for any necessary medical intervention. In the event of an emergency, a child will be transported to a hospital or an appropriate medical facility.**

**Section III (Parent/Guardian to complete)**

My child(ren) has my permission to participate in the church youth outing.

My son or daughter has read the rules governing outings/event for children as stated in the GPBC guidelines and procedures Addendum, and he or she agrees to be cooperative and responsible while participating on the trip. Discipline will be administered to those children who are in violation of any rule. In an extreme case of rule infraction, parents or legal guardians will be contacted immediately to make arrangements to pick up their son or daughter from the outing location and assume all expenses involved.

I agree to the above  I opt out of this activity/field trip

**Your Child/Children's Name:** 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

**In Case of an Emergency contact:**

1. **Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
 2. **Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**NOTE:** Greater Peace Baptist Church assumes no responsibility or liability for Health Events, Accidental Events, etc.... Any activities beyond the Church's property are the responsibilities of the Individual person and not of Greater Peace Baptist Church Administration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (By signing this from your are in agreement with the facts that are listed on this form.)



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### **Annual Parental Permission & Release Form for Activities/Field Trips**

*This activities/field trip consent form gives Greater Peace Baptist Church and its staff permission to take the below named youth off campus for church activities approved functions/field trips for the 2018-2019 church fiscal year. The permission applies to all field trips occurring within the fiscal year. This permission is valid for one fiscal year. Parents will be notified at least 2 weeks- a month in advance of activities/field trips. At that time, parents will have the option to withdraw permission for any individual activity/field trip by completing the field trip Opt-Out Notice. If a parent or guardian signs the Opt-Out Notice for a specific activity/field trip, the annual activity/field trip consent remains valid for all other activities/field trips. If you choose not to sign this annual permission form, you will be asked to give permission for your child to participate in each field trip throughout the school year.*

**Your Child/Children's Name:** 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**In Case of an Emergency contact:**

1. **Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
2. **Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Consent and Liability Waiver**

*I hereby give permission for my child(ren) to participate in Greater Peace Baptist Church (GPBC) activities/field trips during the 2018-2019 fiscal year. I understand activities/field trips may require transportation to a location away from the church campus.*

*As a parent or guardian, I understand that the GPBC Administration and staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the GPBC. In consideration of the church's agreement to allow my child to participate in the referenced activities/field trip, I agree to accept responsibility for any loss, damage or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of the law by a trustee, chaperone, youth advisor, or agent of Greater Peace Baptist Church.*

*In the event it becomes necessary for church staff in charge to obtain emergency care for my child, neither he/she nor the church assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. I authorize Greater Peace Baptist Church administration, staff or volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment for my child.*

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_