

## CODE OF CONDUCT

- There will be NO use or possession of illegal drugs, alcohol, dip, cigarettes, guns or knives at the Arkansas Conference Mission u.
- Smoking is not allowed at Mission u or on University of the Ozarks grounds at ANY time during the session
- NO electronic devices (cell phones, iPods, hand held video games, etc) will be used during class time or plenaries unless authorized by a study leader.
- Male/female visitation is to take place in designated areas only.
- No male/female visitation is allowed in private rooms.
- Youth must attend all Mission u activities and remain in Mission u areas.
- A TRI-BUDDY system will be used with the youth. The means that a youth must be with at LEAST two other persons at all times.
- There will be an enforced curfew of 10:30 p.m. Children/youth participants are required to be in their assigned rooms and be supervised by their responsible adult.

**I understand that if I violate these rules it WILL result in my being sent home immediately.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Responsible Adult Signature**

\_\_\_\_\_  
**Date**

## PARENTAL AGREEMENT FOR CHILDREN/YOUTH PARTICIPATION

**Read each statement, initial, sign and date.**

In order to maintain an environment conducive to learning:

Initials

\_\_\_\_\_  
Only people designated by parent/guardian can pick up the child. This will be required to sign out the child and may be asked to provide I.D.

\_\_\_\_\_  
If my child becomes disruptive, I may be called to remove my child from the classroom and/or the residence hall.

\_\_\_\_\_  
I will verbally advise the adult leader if my child takes medication or has special needs.

\_\_\_\_\_  
I understand that it is my responsibility to pick up my child if he/she should break the rules.

\_\_\_\_\_  
I hereby acknowledge that my child may be taken to a medical facility to receive emergency care. I give my permission for my child to participate in all Mission u activities, both on and off-campus and to receive medical attention as necessary.

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

\_\_\_\_\_  
**Responsible Adult Signature    Date**