## **Agreement for Children and Youth Participation**

Mission u responsible adult - please read each statement, initial, sign, and date.

Parent and child/youth - please read each statement, and sign and date at the bottom.

In order to maintain an environment conducive <a href="Initials">Initials</a>	to learning:	
Only people designated by the parent/guardia adult is required to sign children in and out from		
I will verbally advise the adult leader if my chil	d takes medication or has	s special needs.
I acknowledge my children/youth must attend they do not show up to an activity I will be call		
I understand it is my responsibility to pick up	my child if he/she breaks	the rules or becomes disruptive.
I understand there is a dress code enforced. I fingertip length; No sagging of the pants; No particles, in midriffs; No underwear showing; No bras or be (modest bikinis, one-piece suits, swimming transfer.)	ajamas during daily activ a straps showing; Swimn	ities; No cleavage showing or bare ning suits must fully cover you
I understand using electronic devices (cell pho during class time, activities, or plenaries unles		- · · · · · · · · · · · · · · · · · · ·
I understand there will be NO use, or possession, of illegal drugs, alcohol, dip, cigarettes, guns, or knives at the Arkansas Conference Mission u or on Hendrix College grounds at ANY time during the session.		
I understand male/female visitation is to take male/female visitation is allowed in private ro		mon areas only. No unsupervised
Lacknowledge Ark. Conference Mission u sugbetween group activities when not with their control youth grades 7-12. This is a safety precaution held accountable for.	lass or responsible adult	in attendance at Mission u) for
I understand kids (preK-6 <sup>th</sup> grades) must stay	with their responsible adu	ılt when not in class/class activity.
I acknowledge there is an enforced curfew of 10 pm. Children and youth participants are required to be in their assigned rooms and be supervised by their responsible adult.		
I hereby acknowledge that my child/youth ma give my permission for my child/youth to part and to receive medical attention as necessary	cipate in all Mission u ac	· · · · · · · · · · · · · · · · · · ·
We understand that if a rule is violated it WILL resu	It in being sent home imn	nediately.
Child/Youth Signature	Date	
Parent Signature	Da	ate
Responsible Adult Signature	Cell	Date