



# South Heights Christian Classes Code of Conduct Agreement



## Academic Dress Code

- Students are expected to dress and groom themselves in a way that reflects basic well-recognized standards of neatness, modesty, and appropriateness in preparation for adulthood.
- South Heights standards are consistent with workplace standards that students will face as adults, so this is good practice for the future.
- Overly casual clothing can undermine a purposeful atmosphere of work and study.
- The dress code is in effect during the academic hours of South Heights even if students are out-of-doors.

### *Upper body*

- Tops and bottoms must overlap so midriff skin is not exposed, even when sitting or raising arms.
- No sleeveless shirts.
- Tops should not have necklines that reveal chest hair or cleavage.

### *Lower body*

- All lower body apparel must be knee-length or longer.
- Clothing worn over form-fitting leg apparel such as leotards and tights must be knee length or longer. For leggings and jeggings, the clothing must cover the posterior in its entirety.
- No underwear showing. (This includes but is not limited to boxers). No substantial rips or tears in clothing above the knees.

## **PARENT AGREEMENT**

As the parent(s), I have read the Code of Conduct, and I agree that I will support my student(s) in following the rules. I accept responsibility for explaining the Code of Conduct including the dress code to my student(s), and I will encourage my students(s) to follow it.

I also understand and accept the discipline system described in the South Heights Code of Conduct found here: <https://www.southheights.net/code-of-conduct.html>

Please initial each line and then sign below.

I agree that I will support, encourage, and expect my student(s) to:

- \_\_\_\_\_ dress according to the Dress Code at South Heights.
- \_\_\_\_\_ follow the cell phone policy.
- \_\_\_\_\_ respect the property of Berean Church.
- \_\_\_\_\_ adhere to the terms of the discipline policy.
- \_\_\_\_\_ behave in a manner that demonstrates respect for other students, tutors, and the church.

Parent/ Guardian's Signature: \_\_\_\_\_

Parent/ Guardian's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent/ Guardian's Signature: \_\_\_\_\_

Parent/ Guardian's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

***Both parents may sign, but two signatures are not required.***

## **STUDENT AGREEMENT**

I have read the Code of Conduct, and I agree to follow the rules.

I also understand and accept the discipline system described in the South Heights Code of Conduct found here: <https://www.southheights.net/code-of-conduct.html>

Please initial the following and then sign below:

- \_\_\_\_\_ I agree to dress according to the Dress Code while I am at South Heights.
- \_\_\_\_\_ I agree to follow the cell phone policy.
- \_\_\_\_\_ I will respect the property of Berean Church.
- \_\_\_\_\_ I agree to the terms of the discipline policy.
- \_\_\_\_\_ I agree to behave in a manner that demonstrates respect for all other students, tutors, and the church.

Student's Signature: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

***Please have any additional students sign the back of this form. Thank you!***



# South Heights Christian Classes Legal Waiver & Medical Release Form



The undersigned, being the parent(s) or legal guardian of the following children (must include full legal name of each):

\_\_\_\_\_, a minor, born \_\_\_\_\_; \_\_\_\_\_, a minor, born \_\_\_\_\_;  
\_\_\_\_\_, a minor, born \_\_\_\_\_; \_\_\_\_\_, a minor, born \_\_\_\_\_

### LEGAL WAIVER

- I agree prior to participating, I and the minor participant (student), will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the administrators of such conditions.
- I acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of conduct, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time. I assume all foregoing risk and accept personal responsibility for the damages following such injury.
- I, intending to be legally bound, do hereby release, waive, discharge and consent not to sue South Heights Christian Classes' administrators, board, employees, tutors or volunteers of the organization, other participants and Berean Church, all which are herein after referred to as "releases" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury including death or damage to property, caused or alleged to cause in whole or part by negligence to the release of otherwise in connection with association or entry and/or arising in participation in activities led by South Heights Christian Classes.
- I hereby release all members of South Heights Christian Classes of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, South Heights Christian Classes has my permission to call an ambulance to transport any family member I have listed above to the nearest medical facility for emergency medical treatment. I am responsible for all expenses incurred.
- I understand that photos/images of my student may appear in the yearbook. My consent is understood to be in effect unless I fill out a "South Heights Photo Release Opt Out Form" available here: [www.southheights.net/registration-form](http://www.southheights.net/registration-form)
- THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY.

Parent/ Guardian's Signature: \_\_\_\_\_

Parent/ Guardian's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### MEDICAL RELEASE

I (we) request and authorize any physician, associates, assistants, agents and employees thereof, to provide any x-ray, examinations, anesthetic, diagnosis, medical, or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of such physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physicians to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent of the minor is unavailable to provide the necessary consent to treatment.

This SPECIFIC AUTHORIZATION is valid from September 7, 2023 to May 17, 2024.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Daytime Phone Number

### Please Print the Following Health Information

Person(s) to contact in case of non-medical emergency when you are not available:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Emerg. Phone: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Contract # \_\_\_\_\_ Group# \_\_\_\_\_

Please describe any medical/general information that would be helpful in the care of your child:

Please list any medications and/or allergies that your child may need/has:

***Please list any additional medical concerns on the back of this form. Thank you!***