

# 2016-2017 Covenant Children, Youth and Family Participant Form

*Please return this form to the Children, Youth and Family office.*

## Personal Information:

Participant's Full Name: \_\_\_\_\_ Gender: M F Prefers to be called: \_\_\_\_\_

2016-2017 grade: \_\_\_\_\_ Name of School Student Attends: \_\_\_\_\_

Birth date: \_\_\_\_\_ T-Shirt Size: YS YM YL AS AM AL AXL A2XL

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_ Are you on Facebook? Y or N

Student Cell: \_\_\_\_\_ Do you text? Y or N **Best way to contact you:** cell e-mail text

Mother's Name: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

Day #: \_\_\_\_\_ Evening #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Best way to contact you** home # cell # e-mail text

Father's Name: \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

Day #: \_\_\_\_\_ Evening #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Best way to contact you** home # cell # e-mail text

## In case of an emergency, contact this person if parents cannot be reached:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Day #: \_\_\_\_\_ Evening #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Medical Information

Does your child have any allergies or other medical conditions of which we should be aware?

\_\_\_\_\_ Yes (If yes, please explain on back of form) \_\_\_\_\_ No

Does your child have any diagnosis or history of behavioral or learning concerns about which we should be informed?

\_\_\_\_\_ Yes (If yes, please explain on back of form) \_\_\_\_\_ No

Insurance Co. \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_

## Authorization for Participation of Minors (Under 18)

I give permission for my child to participate in Children, Youth and Family ministry activities sponsored by Covenant Lutheran Church, including travel to and from locations, for the period of August 1, 2016 to August 31, 2017.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

## Medical and Liability Release of a Minor or Self

I, the individual or parent/guardian of \_\_\_\_\_ (child's name or your name), authorize a representative of Covenant Lutheran Church Children, Youth & Family Ministries to take such action as deemed necessary for the care, welfare and health of, myself/my child including the giving and consent of medical treatment. I hereby agree to indemnify and hold harmless from any expense of claims of any nature Covenant Lutheran Church Children, Youth & Family Ministries and its representatives. I understand that I am responsible for any charges that may be incurred.

\_\_\_\_\_  
Participant or Parent/Legal Guardian (if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (an adult not related to the above signer)

\_\_\_\_\_  
Date

## Media Release

I, the individual or parent guardian of \_\_\_\_\_ give permission to use, publish, or disclose newsletters, brochures, periodicals, posters, websites, or other media related vehicles, any photographs, videos, audios, and any other material which I or my child may have appeared, spoken, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify Covenant Lutheran Church Children, Youth & Family Ministries against any of their use of the materials indicated.

\_\_\_\_\_  
Participant or Parent/Legal Guardian (if participant is under 18)

\_\_\_\_\_  
Date

## 2016-2017 Covenant Participant Covenant

1. People and property are to be treated with respect at all times!
2. Always remember whom you represent: God, Jesus, yourself, your family, your church and act accordingly
3. No liquor, drugs, cigarettes or tobacco products, weapons, lighters, fireworks, knives at any time. (Lighters are an exception when needed and used by an adult for the event.)
4. All medications will be given to children and youth by an adult guide only with written permission from parents/guardians. All medications must be in original bottles or packaging.
5. No swearing or trash talk. This includes verbally trashing another individual
6. No explicit or suggestive language about sexual, ethnic, gender, economic, or religious matters
7. No one is to leave the group or activity without first asking permission. Never go alone, always go in groups of three or more.
8. Everyone is expected to participate in all activities, worship, etc.
9. Be on time when asked to be at a certain place at a certain time.
10. No cliques or excluding people. All are welcome in our group!
11. Always show respect for people's belongings and personal space.
12. What the pastor or guide says---goes!

### Participant Covenant Agreement

I have read the above Covenant (or have had them explained to me by my parent/guardian) and I understand that my failure to abide by these guidelines will result in consequences of a phone call to my parents/guardian or being sent home immediately from the event.

---

Participant Signature

Date

### Parent Covenant Agreement

I understand that my child's failure to abide by the Covenant may result in his or her being sent home at my own expense, or asked not to participate in upcoming events pending a personal meeting with the Director of Children, Youth and Family Ministry and/or pastor. I agree to cover all costs for their early return should this be required.

---

Parent/Guardian Signature

Date

**The following individuals are authorized to pick up my child/youth from Covenant-sponsored activities:**

---

Name	Relationship to child	Phone Number
------	-----------------------	--------------

---

Name	Relationship to child	Phone Number
------	-----------------------	--------------

---

Name	Relationship to child	Phone Number
------	-----------------------	--------------

**OTHER INFORMATION WE SHOULD KNOW:**