

Covenant Children, Youth and Family Participant Form

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

Today's Date: _____

Personal Information:

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

Current 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.

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

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: