

PLEASE PRINT:

_____ group (include city and state) you are with at Montreat & where you are staying in Montreat

last name

first name

birth date

address

city

state

zip

email address

grade completed ("A" if adult)

first Montreat conference? (y/n)

COVENANT FORM FOR ALL YOUTH & ADULTS — MONTREAT YOUTH CONFERENCE

For this week, we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support, and spending time together. Each of us as a member of the family is very important. To create and maintain this atmosphere of family and community, we agree to the following covenant:

1. As guests in the township of Montreat, we will be considerate to those who live here by not walking in the middle of the streets and by following the curfew of 11:00 PM each evening.
2. As visitors or residents in the state of North Carolina, we will abide by state law, which prohibits the possession or use of illegal drugs by anyone and prohibits the possession or consumption of alcohol by persons under 21. (If over 21, we will voluntarily abstain from alcohol.)
3. As members of the Youth Conference family, we will:
 - abide by the conference center "smoke-free" policy & college "tobacco-free" policy;
 - abide by the conference center dress code;
 - care for ourselves and others by not hitchhiking or accepting rides from strangers;
 - not bring skateboards, rollerblades, scooters, "super-soakers", laser pointers, air horns, or balloon launchers to the conference;
 - be responsible for our own belongings and respect the property of others;
 - keep all our audio devices in our rooms with the volume low;
 - not climb the mountains alone, after dark, or before sunrise;
 - participate fully in the events of the conference;
 - be responsible in our expressions of care, concern, and intimacy;
 - especially care for and respect property in Montreat;
 - respect every individual's racial ethnic background.

I RECOGNIZE THAT I AM JOINING THIS CHRISTIAN FAMILY AND COMMUNITY. I AGREE TO ABIDE BY THIS COVENANT WHILE I AM A MEMBER OF THIS COMMUNITY. I UNDERSTAND THAT IF I BREAK THIS COVENANT BY DISRESPECTING OR ENDANGERING MYSELF OR OTHERS, I MAY BE SENT HOME AT THE SOLE DISCRETION OF THE SENIOR LEADERSHIP TEAM AND/OR THE PRESIDENT OF MONTREAT CONFERENCE CENTER. I FURTHER UNDERSTAND THAT SUCH ACTION WILL BE UNDERTAKEN AT MY PARENT'S EXPENSE AND MY CHURCH SESSION MAY BE NOTIFIED.

TO BE SIGNED BY THE CONFERENCE PARTICIPANT: _____

To be signed by parent/guardian (**of each youth conferee or work crew participant**):

"I have read the Youth Conference Covenant and understand that if my youth or work crew participant breaks the covenant and a decision is made to send them home, it will be at my expense. In case of an emergency, I give my permission for medical treatment. Please reach me at the following phone numbers:

Parent's Day phone: (_____) _____

Parent's Evening Phone: (_____) _____

Parent's email address: _____

Parent's Name: _____

Signature of Parent/Guardian _____ **Date** _____

NOTE TO ADULT SPONSORS: Registration is not complete until a copy of this form with all signatures is turned in for each participant. Forms will be collected at registration and held by the Youth Conference office. PLEASE BRING AN EXTRA COPY OF EACH COVENANT FOR YOUR OWN RECORDS. EACH INDIVIDUAL COVENANT SIGNED BY EACH YOUTH AND ADULT WILL BE COLLECTED FROM YOU AT REGISTRATION. PLEASE PLACE YOUR STACK OF COMPLETED COVENANTS THAT YOU WILL TURN IN AT REGISTRATION INTO ALPHABETICAL ORDER.

→ **OVER**

MEDICAL INSURANCE INFORMATION FORM

(PLEASE PRINT)

last name

first name

birth date

Insurance Company

Address _____

City _____ State _____ Zip _____

Policy Number _____

Employee Name

Address _____

City _____ State _____ Zip _____

Current Medications: _____

List surgeries: _____

List Allergies: _____

Circle if you have a history with these medical problems:

Hay Fever

Lung Problem

Blood Pressure Problem

Fainting

Kidney Problem

Heart Disease

Sulpha Drugs Allergic Reaction

Convulsions

Bee Sting

Ulcers

Cancer

Asthma

Diabetes

Penicillin Allergic Reaction

Other Illness: _____