



YOUTH COVENANT

Youth participants, their parents, and Youth advisors are asked to enter into a covenant with the entire District Youth and with the District Nurture Commission. This is to encourage responsible behavior and participation at the upcoming **District Youth Event** on January 12 & 13, 2018.

As a participant, I, _____, promise the following:
(Print Name)

- To be sincere in my motives for attending this District Youth Event and to attend all scheduled sessions and activities;
- To follow all directions given by District Nurture Commission members and Youth advisors;
- To abide by any curfews set and to remain in my designated sleeping area during "Lights Out" hours (Under no circumstances will I enter into sleeping quarters or restrooms of the opposite gender);
- To be respectful to, and take care of, the facilities at Mechanicsburg COB;
- To be responsible for my personal belongings at all times (I understand that the District and Mechanicsburg CoB will NOT be responsible for any lost, damaged or stolen personal items);
- To dress appropriately (For example, clothing advertising drugs, alcohol, tobacco, or promoting violence or sex is not permitted; tube tops, halter-tops, spaghetti straps and clothing that may reveal the midriff are not permitted; etc.); and
- That I will NOT bring or use non-prescription drugs, alcohol, or tobacco products.

Affirmation: I will support the coordinators and Youth advisors at this District Youth Event.

Youth affirmation: _____
(Signature) (Date)

Parent/Guardian
Affirmation: _____
(Signature) (Date)

Youth Advisor
Affirmation: _____
(Signature) (Date)

REMEMBER that you represent Jesus Christ and the Church of the Brethren at all times. Please let your actions reflect this!



MEDICAL RELEASE

I/We, the parent(s)/guardian(s) of _____, authorize and give consent to the leadership of this District Youth Event to seek treatment by a licensed physician or the medical services of a hospital, if necessary. I/We give permission for emergency medical or surgical treatment to be given until I/we can be contacted. This authorization is given in the event of injury or illness, with the understanding that I/we will be contacted, by phone, as soon as possible.

Additionally, I/we understand that District Nurture Commission members and Mechanisburg CoB will NOT hold or administer prescription medicine during this District Youth Event. I/We recognize the expectation that either my/our youth or their Youth advisor will retain any necessary prescription medication in adherence with our individual church's policy or, in the absence of such policy, my/our preference.

Please list any food and/or medicine allergies. _____

Name: _____

Signature: _____

Relationship: _____

Emergency Contact #: _____