

2008-09 Trinity Lutheran Youth Covenant for Youth and Parents

(Please complete both sides of this form)

One of the goals of Trinity Lutheran Youth Ministry is to create a Christian community that is safe and trustworthy. The use of covenants is a biblical way to verbalize your commitment to yourself and the group. This is not to be seen as a list of rules but as needs that must be met to keep the community and trust in the whole group.

Student Covenant

I understand that Trinity Lutheran Youth events are faith-building, life-enhancing and friend gathering events. I covenant to take part fully in each event I am attending, giving it 100% and to treat people and property with respect at all time. I will stick to the agenda and not wander from the premises. When away from the large group, I will remain in a group of three or more people and I will work with my leaders, letting them know where I am at all times. I will not participate in any behavior that tears down the event or any of the participants in it. I will strive to include everyone in the activities and be welcoming to all people. I will wear attire that is respectable and appropriate for the event or trip I am attending as well as show respect for another individual's "personal space". I understand that any use of weapons, alcohol, drugs, tobacco or lighters are not permitted. If I participate in any inappropriate behavior my parents will be notified. Above all, I understand that I am a representative of Christ and Christ's Church, and will act in a way that glorifies God and is consistent with Christ's teachings.

Student Signature

Parent Covenant

I will support and encourage my child in his/her commitments, pray for him/her and all involved in these programs regularly, and will do what I can to support the ministries of this church. I understand that I am responsible for my child's behavior and discipline, and will work with the leaders to insure that expectations are met. I understand the Covenants, Medical Release, Media release and Registration Information being turned in for my child.

Throughout the year, persons from Trinity Lutheran Church will photograph and video certain events both on and off campus. These photos may be used on the church's website, the youth website, newsletter, email, bulletins, etc. Please read below our media release and sign, therefore, allowing TLC to use images taken.

1. I, the undersigned, hereby authorize TLC to photograph my child, make videotape of them, and /or electronic sound recordings (herein referred to as photographic or electronic reproductions).
2. I authorize the use of any such photographic or electronic reproductions of my child for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Trinity Lutheran Church.
3. I understand that my child may be identifiable from such photographic or electronic reproductions.

Please Check one: _____ Yes, I agree to the above Media Release
_____ No, please do NOT publish my child's image in publications

Parent Signature

MEDICAL INFORMATION AND RELEASE FORM

(Please complete both sides of this form)

Name: _____ Grade: _____

School: _____ Birth

date: ____/____/____

If you are a visitor, who are you guest of?

Parent(s)/Legal Guardian(s): _____ Home Phone: _____

Complete Address: _____

Mom Work / Cell: _____ Dad Work / Cell: _____

Youth Cell: _____ Youth T-shirt Size: _____

Please Check one: Yes, my son/daughter may receive text messages for ministry announcements

No, my son/daughter may receive text messages for ministry announcements

E-mails and internet contact for church use

Parent email : _____ Youth

email: _____

Youth Facebook: _____ You can add 'TLC Youth' as your friend on facebook

I hereby indemnify and hold Christ Lutheran Church from and against any liabilities that may be incurred during 2008-2009 Youth Ministry events (including travel to and from events). I also authorize in the event that I cannot be personally contacted, Christ Lutheran Church and/or its agent to authorize any medical treatment in connection with any accident or similar emergency.

Parent Signature Date _____

MEDICAL INFORMATION (Please inform us of any changes)

Current medications

: _____

Allergies

: _____

Other Health Issues: _____

Hospital Preference (if available): _____

List any over the counter medications that an adult can NOT administer to your child (Tylenol, Advil, Pepto-Bismol, Benadryl, Sudafed, Tylenol Cold etc.)

Date of last tetanus: _____

Emergency contact if parent can't be reached :

Name: _____

Relationship: _____

Home Phone: _____

Work/Cell: _____