

YOUTH PARTICIPANTS COVENANT & Insurance Information

Student Name _____ Gender M F Grade _____
Home Address _____
E-mail Address _____ Phone # _____
Home Congregation & Town _____ T-Shirt Size _____
Special Needs (language accessibility, food, etc) _____

By this signature I agree to abide by the stated expectations of this event which is listed below.

Participant's Signature: _____

Participant Expectations:

This New Jersey Synod event is an intentional Christian community. In such a community the behavior of all participants reflects the faith we share in Jesus Christ our Lord.

Therefore, it is expected that:

1. For reasons of continuity and group-building, all participants are needed for the entire event. Therefore, no one will be allowed to attend only a portion of the event.
2. For reasons of safety and accountability to parents, participants will remain throughout the event, and the event leaders will be advised if leaving the site becomes necessary.
3. All registrants - both youth and adults - will participate fully in all activities at the event.
4. Absolutely no alcohol or other drugs (other than prescribed medication) will be brought to or used at the event.
5. Stereos, TVs, etc. WILL NOT be brought to the event (ipods are o.k.).

Lutherans throughout New Jersey will be proud of the way in which our community represented them.

Insurance Information & Parent/Guardian Consent Form WINTER YOUTH ASSEMBLY 2011

_____ (printed name of youth participant) In the event that I cannot give authorization in person, I hereby give authorization to the adult leaders of the NJ Synod, ELCA to seek emergency medical treatment for the above named youth. This authorization is valid only during the above mentioned youth event. I also grant the Synod & ELCA unrestricted right to use, alter, and reproduce any images (still or video) from the event in any medium without compensation.

Parent/Guardian Signature

Medical Insurance Carrier

Name of Subscriber

Company & Policy #