

# Health Form

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant SSN: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Home Address: \_\_\_\_\_

Family Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Current Medications and dosages: \_\_\_\_\_

Additional Information: \_\_\_\_\_

As legal guardian of the participant named above, I hereby give permission for this child to attend this synod youth retreat and be involved in all retreat activities. I also authorize the assigned Eastern North Dakota Synod LYO staff and volunteers to provide emergency medical care should any emergency occur while my child on this retreat. Furthermore, in giving permission for my child to participate, I agree to pay all expenses resulting from such an emergency and in no way hold the Eastern North Dakota Synod or its staff members/volunteers liable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Covenant

I commit that I will follow the covenant as stated below and will participate in the planned activities during the retreat at Castaway Club. I also agree that if I break this covenant, the leaders will have the right and authority to impose consequences, the most severe being sent back home by public transportation, for which myself and/or my parents would be responsible for the costs.

- **I believe my body is a temple and the following are prohibited/illegal: drugs, alcohol, tobacco, gambling.**
- **There are assigned cabin/sleeping spaces. I will respect this space by spending time in the cabin/space assigned to me.**
- **I will observe quiet hours.**
- **If I cause any property damage, I will assume responsibility for my actions and will make the proper restitution to the owner.**
- **I assume responsibility for all personal belongings including electronics/cell phones. I will be respectful with use of my personal belongings.**
- **I will behave in a mature and responsible manner. I will treat people I am with and that those I may meet with respect.**
- **I understand that the adult leaders have final authority and I agree to abide by their direction.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_