



**United Methodist Church of Anoka
Youth Covenant, Medical Release and Permission Form**

For office use only:
Pmt. Received \$ _____
Check no. _____

Event _____ **Event Date** _____

Participant Name _____ **Date of Birth** ____/____/____

Address _____

City _____ **State** _____ **Zip** _____

Home phone (____) _____ **Grade** _____ **Gender** M F

Parent/Guardian Name(s) _____

Home phone (____) _____ **cell** (____) _____ **work** (____) _____

Emergency Contact (other than parent) _____ **Relationship** _____

Home phone (____) _____ **Other Phone** (____) _____

Student Behavior Covenant

To ensure an outstanding Christian experience for everyone, students are expected to read and follow the expectations listed here:

- ✓ I will respect my body as a temple and refrain from use or possession of illegal drugs, alcohol and tobacco.
- ✓ The possession of weapons, knives, firearms, fireworks or any other explosives is prohibited.
- ✓ I will respect assigned sleeping spaces as designated for males and females and lights out times.
- ✓ I will assume responsibility for all of my actions and will be held responsible for any resulting consequences.
- ✓ I will behave in a mature and responsible manner respecting group leaders, adults, peers and facilities.
- ✓ I will participate in all group activities with a positive attitude.

I, _____ (participant) have read the expectations and agree to abide by them. I understand that any behavior that breaks an expectation will be dealt with immediately and may result in being sent home (transportation to be determined) at my parent's expense.

Youth Signature _____ **Date** _____

Parent's signature needed at bottom if participant is under 18 years of age.

Please indicate below any medical needs the staff and/or adult leaders should be aware of:

- Allergies (including insects, food and/or medication):

- Any illnesses (asthmas, bleeding, cold, flu):

- Any physical restrictions, medical problems or special needs:

I authorize my son/daughter to attend the above named event. In the event a medical emergency arises, the emergency contact or I cannot be reached by phone, I authorize the United Methodist Church of Anoka and its agents to provide care for my son/daughter. I have also read and agree with the expectations listed above and will support UMCA in administering any appropriate consequences if expectations are not followed.

Parent/ Guardian signature _____ **Date** _____

Participant's signature needed mid-page for behavioral covenant