

COVENANT CHURCH



Group Name: **COVENANT CHURCH** **909 West Jefferson St.** **La Grange, KY 40031** **Office #: (502) 222-9925**

Name of Participant: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip _____

Email Address: _____

Special Health Considerations: (i.e. allergies, diabetes, penicillin, aspirin, etc.) _____

Insurance Carrier: _____ Policy #: _____

Insurance Carrier's phone #: _____

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IN CASE OF EMERGENCY

1st contact: _____ Relationship: _____

Cell# _____ Home # _____ Work Phone #: _____

2nd contact: _____ Relationship: _____

Cell# _____ Home # _____ Work Phone #: _____

COVENANT OF BEHAVIOR

1. I understand that there is 0 tolerance for drugs, alcohol, tobacco use or possession.
2. I will stay with the group unless I have the permission from an adult mentor.
3. I will stay in adult supervised areas.
4. I understand that this is a group fellowship event.
5. I understand that I am a part of the Covenant UMC youth group and will act accordingly.
6. I will cheerfully obey all adult mentors and the spirit of the rules that are listed.

Parent or Guardian's Signature

Youth Signature