

**FIRST ENGLISH LUTHERAN CHURCH YOUTH COVENANT  
RELEASE AND CONSENT FORM - September 1, 2018-August 31, 2019**

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The goal of First English Lutheran Church is to provide opportunities for youth to experience a variety of learning situations in and outside of church. To promote maximum learning and enjoyment, it is necessary to identify proper student behavior and conduct of all participants. These rules of conduct are policies that will govern behavior during all First English Lutheran Church youth activities. The youth are required to behave in a manner where they will represent their family, church, and community in a positive manner. ***Please complete the information below. If this information changes at any time, please notify the youth leader:***

NAME OF PARTICIPANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CELL # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF PARENT 1 \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL#: \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF PARENT 2 \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL#: \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

IF PARENT(S) ARE NOT AVAILABLE OR CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**YOUTH EXPECTATIONS: I understand that the following expectations are required of me. I promise to:**

1. Conduct myself in a manner that reflects my Christian faith and positively represents my family, local congregation, my synod, and the event.
2. Follow all established rules/policies.
3. Show a positive attitude, be respectful and courteous, and use common sense at all times.
4. Treat everyone with respect, patience, courtesy, dignity and consideration. I will not tolerate the humiliation or ridicule of anyone in any environment where I am present.
5. Honor the equality of all people, avoiding all forms of discrimination and respecting the dignity of each person without regard to status, gender, ethnicity, religion, sexual orientation, or physical or mental abilities.
6. Honor the schedule, attend all activities, and be punctual for events.
7. Dress appropriately for the occasion.
8. Not use profanity, abusive language, obscene gestures, or wear suggestive slogans on apparel or accessories.
9. Not leave the group, unless permission is granted, or have unauthorized visitors without the consent of the chaperone.
10. Use the "buddy system" and will not go anywhere alone without telling someone.
11. Follow all curfew rules. Be in my assigned room at curfew and stay there.
12. Not make unnecessary noises or be rowdy in my room, the corridors, or during activities.
13. Follow the rooming arrangements and visitation privileges will be determined by the chaperone.
14. Respect the privacy of others.

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15. Not be in the sleeping area of someone of the opposite sex at any time unless it is in a group setting and a chaperone is present.
16. Not use alcoholic beverages, tobacco, or controlled illegal substances.
17. Not use electronic devices such as iPods, MP3 players, cell phones, and other distracting devices unless permission is granted by my chaperone.
18. Inform my chaperone if I am on prescribed medication or am ill.
19. Use all facilities made available to me with care, if I hurt or accidentally damage property, I will take responsibility for the damage done and inform my groups' chaperone immediately.
20. Not use my car during the event if I drive my car to the event.
21. Agree to random bag checks if necessary.
22. Demonstrate appropriate ways to show affection while maintaining positive and safe boundaries. For example:
  - Brief hugs, pats on the back or shoulder
  - "High fives", "knuckles", handshakes, and hand slapping
  - Verbal praise
  - Touching hands, shoulders, and arms
  - Arm around shoulders
  - Holding hands during prayer
  - Pats on the head when culturally or age-appropriate
23. Not to demonstrate inappropriate behavior. For example:
  - Full body hugs, lengthy embraces, and/or kissing
  - Caressing knees or legs
  - Wrestling
  - Tickling
  - Piggyback rides
  - Any type of body massage given or received
  - Any form of unwanted affection
  - Comments or compliments (spoken, written or electronic) that relate to physique or body development. For example: "You look really hot in those jeans."
  - Snapping of bras or giving "wedgies" or similar touches of underwear, whether or not it is covered by other clothing
  - "Sexting" and any sharing of electronic images or descriptions of a sexual nature.

**I understand there are possible consequences if I do not abide by these rules. They include:**

1. Conference with the chaperone.
2. Loss of future trip privileges.
3. Calling my parents and being sent home at my or my parent's expense, with the understanding that I will not be accompanied by a FELC chaperone.
4. Referral to the police if necessary.

**Student Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**PARENTS/GUARDIANS EXPECTATIONS:** I/we understand and have reviewed these expectations with my son/daughter and have asked for his/her cooperation.

**HOLD HARMLESS CLAUSE:** I/we waive any damages and will hold First English Lutheran Church, their agents, and staff, harmless from any damages or liabilities arising whatsoever in any action or proceeding brought by ourselves or on behalf of our son/daughter or by a third party relating to acts of our son/daughter based upon any and all acts and events occurring during the activity.

**MEDIA USE:** I/we understand that photos and/or videos of my child may be taken and that these items may be used on congregational website(s), Facebook, bulletin boards, brochures, and other media resources utilized by FELC. FELC will

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not post any names or other identifying information unless permission is requested in written form to do so.

Please check  if you want to opt out of having your child videotaped or photographed for media purposes.

**MEDICATION:** I give permission for FELC volunteers/chaperones to administer the following medications to my child as the need arises. I understand that the products listed below may not be the brand listed. I understand that any of these medications will be given as needed and according to the directions on the packaging, unless I state otherwise on this form. I understand that if my child is feeling unwell, he/she is responsible for telling an adult leader so that they are able to help to the best of their ability. Please check the items that can be administered:

Acetaminophen (Tylenol)                       Ibuprofen (Motrin)                       Antibiotic ointment (Neosporin)  
 Hydrocortisone ointment (Benadryl)                       Stomach settler (Pepto Bismol or Tums)                       Insect repellent  
 Other \_\_\_\_\_                       Medications my youth takes, dosage and administration instructions:

**\*All medications must be given to the adult chaperone.**

MEDICATION*	TIME/S	NOTES (WITH FOOD)

**MEDICAL STATEMENT:** This form will be presented to the attending physician if your child needs medical treatment in your absence. I/we hereby authorize the First English Lutheran Church, its officers, agents, and staff to call or drive my child to the physician, dentist, or hospital if a need for emergency care exists. An ambulance may be called if necessary. I do hereby authorize the treatment, administration of anesthesia and surgical treatment in the event of a medical emergency occurring during my absence or when hospital or medical personnel cannot contact me or the emergency contact listed on this form. This authorization extends to all medical facilities and personnel regardless of setting, in or out of a medical facility, in the treatment of my child. I also authorize the adult chaperone(s) to make decisions regarding medical procedures if they cannot contact me or the emergency contact listed on this form in the event of an emergency.

Please indicate below if your child has any physical, behavioral, dietary, health, or cognitive special/needs as well as allergies:

\_\_\_\_\_

\_\_\_\_\_

Medical Card # \_\_\_\_\_ Name of Health Insurance Carrier: \_\_\_\_\_

How will medical expenses not covered by insurance be paid? \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE PARTICIPANT'S INSURANCE CARD TO THIS DOCUMENT**

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

Print Name: \_\_\_\_\_