

Troy Annual Conference **Covenant** for Youth Events

This covenant enables you to attend the Troy Conference Council of Youth Ministries event. If you are willing to accept the following terms, please sign it. Then, have your parents sign it and bring it with you to the event. If you cannot sign the covenant, you will not be allowed to stay at the event.

1. Participation is required in all sessions.
2. No one may leave the event unless authorized by an adult leader.
3. Smoking is not permitted inside buildings and is strongly discouraged elsewhere.
4. Possession or use of any illegal drug, beverage, or device is prohibited.
5. Scheduled rest times are to be observed.
6. Instructions issued by youth officers or adult leaders are to be followed.
7. Large "box" radios are not allowed. Personal radios ("Walkman") with earphones may be used only during sleep times.

I agree to abide by this covenant and other instructions of adult leaders. I understand that I may be sent home if I violate this covenant or for any other justifiable reason.

Youth Signature _____ Date _____

Parent signature _____ Date _____



Troy Annual Conference **Health Form** for Youth Events

This form must be completely filled in and signed by a parent or guardian in order for you to attend the Troy Annual Conference Youth Ministries Events.

Youth Name _____

Church _____ Advisor _____

Date of Birth _____ Gender _____ Home Phone (____) _____

Persons to contact in case of an emergency: (Two people available during the event)

1. _____ Phone (____) _____

2. _____ Phone (____) _____

Allergies: _____

Current medications and dosage: _____

Conditions requiring special attention: _____

Doctor: _____ Phone(____) _____

As parent or legal guardian of _____,

I certify that the above information is complete and correct. I further authorize the adult leaders of this Troy Annual Conference event to secure medical care, including hospitalization and other medical attention deemed necessary by a licensed physician for my child, until I can be contacted. I further acknowledge that all costs associated with any medical treatment for illness or accidents while at the Troy Annual Conference event are my responsibility.

Parent or guardian signature _____

Date _____ Health Insurance and policy # _____

Witness _____ Date _____