



CONFIRMATION/YOUTH COVENANT-MEDICAL INFORMATION FORM

I understand that while participating in programs at and activities with Family of God Lutheran Church, I am part of a Christian community representing not only myself, but my God, my community, FOG and my family.

Therefore, for my own safety and the care of others, I promise to abide by the following guidelines:

- * I recognize this is a drug free/alcohol free/tobacco free zone.
- * I will respect physical boundaries (personal space) with another individual, i.e. intimate displays of affection
- * I will not vandalize any property at or outside Family of God.
- * I will not solve a problem by fighting – verbally or physically
- * I will use words that uplift, not tear down.
- * Cell phones, i-pods/mp3 players, gaming devices will be turned **OFF or left home** during an event.

I understand that if I do not abide by the above guidelines, I can be sent home **at my family's expense**.

In addition to these major rules, I commit to the following:

- * **Participate in activities with a spirit of cooperation and an attitude of openness.**
- * **Be on time to events and follow any/all set curfews.**
- * **Take responsibility to call and leave a message when unable to attend an event that had been signed up for.**
- * **Respect and obey adults in charge as well as other participants.**
- * **Wear appropriate clothing** – no sagging pants, no bare bellies, and no revealing tops.

If any of these group rules are broken, I understand that there will be consequences which will be determined by the adults in charge and/or a group of my peers.

Youth Signature & Date	Parent/Guardian Signature & Date
------------------------	----------------------------------

Parents / Guardians: By signing this form, you give Family of God Lutheran Church permission to transport your child to and from our destinations. You also release Family of God Lutheran Church from any liability of injury your young person may incur as a result of an accident. By signing this form you also authorize medical treatment for your child in case of a medical emergency.

Youth's Name	Parent/Guardian Name	
Home Phone	Cell Phone	Work Phone
Name & Phone number(s) for emergency contact if we are unable to reach parent/guardian		
Physicians Name & Phone Number		
Insurance Company Name / Policy Number		
Allergies / Medications		
Issues we need to be aware of		
Parent / Guardian Signature	Date	