

Saint Barnabas Lutheran Church

15600 Old Rockford Road, Plymouth, MN 55446
Telephone 763-553-1239 Fax 763-553-7839

Email: dmanson@stbarnabaslutheran.org
Website: www.stbarnabaslutheran.org



We put our hope in the Lord.
He is our help and our shield.

- Psalm 33:20

Youth Encounter Medical Permission Form

Participant's Name

As parent/guardian of the above named minor, I hereby grant permission for my son/daughter to participate in Youth Encounter' **Wisconsin Dells Quake/Zone** held **March 4-6, 2011**.

I also grant permission for **Dennis Manson** or any other adult chaperone with our group to take whatever steps may be necessary to obtain emergency care as warranted for the well being of my son/daughter. These steps may include but are not limited to the following;

- Attempts to contact a parent or guardian
- Attempts to contact student's physician
- Seek medical examination/treatment for injuries/condition by medical professional



Behavioral Covenant

- In all we do at this Youth Encounter event, we keep this in mind: God is present and we represent God and the Church to each other and the outside world looking in;
- We agree to be part of all scheduled events at the Event in conjunction with our group leaders;
- For our own safety, we will not go out alone. We will keep our doors closed at all times.
- We understand that illegal activity, including underage drinking, by event participants (youth, Junior Guides) is prohibited both on and off site during the event. We encourage youth leaders to abstain from the consumption of alcohol during the event as the Event Hosts will be;
- We will make sure that our group leaders know where we are at all times. We will not leave the event hotel without our leader's permission;
- We will report any illness or personal emergency to our group leader. If we cannot find our group leader or need additional help, we will go to the Event Host or the front desk for assistance;
- We understand that if we break or damage anything at the Event hotel, we (not Youth Encounter) are responsible for working with the hotel and fully paying for the repair;
- We agree to be quiet and inside our own rooms during the listed curfew time (unless we are with an Adult Leader and quiet);
- We agree to adhere to a dress code that is modest and appropriate. Should questions arise regarding modesty and appropriateness of dress, Event Host will have final say;
- As Event participants (youth, Junior Guides, and adult leaders) we agree to have adult supervision while in hotel rooms when mixed genders are present;
- We understand that, by registering for a Youth Encounter Event, we agree to allow Youth Encounter to take pictures during the Event and use them for promotional purposes;

- We agree not to do anything that would jeopardize the enjoyment or safety of the other participants and guests at the hotel;
- We agree to abide by the guidelines stated above and to help one another keep this covenant;
- If we choose not to follow the covenant, we understand and accept the consequences decided upon by our adult leaders and/or Youth Encounter Event Hosts;
- We understand that Youth Encounter reserves the right to refuse the opportunity to participate in Youth Encounter programs to people whose behavior is dangerous or questionable.

~*~*~*~*~*~*~*~*~*~*~*~*~*~*~*~*

Medical Information

Name of Parent/Guardian_____

Home Address_____

City_____ State_____ Zip_____

Home (_____)_____ Cell (_____)_____

Medical Insurance Company Name_____

Medical Insurance Policy Number_____

Group Number (if applicable)_____

Name of Policy Holder_____

Medications being taken/dosage/frequency_____

List ALL Allergies (food/meds/pets/etc.)_____

List any special dietary needs_____

Date of last Tetanus shot_____

Please state any additional health, emotional or other conditions of which we should be aware

My signature below indicates that I understand and agree to the policy and terms listed above and agree that any expenses incurred in necessary emergency or other medical treatment will be borne solely by the student's medical coverage and/or family. I will not hold any leader or organization liable for any injury or accident.

Participant Signature

Parent/Guardian Signature

Date

**NOTE: Every minor attending a Youth Encounter event must have the Medical Permission Form which will the church group leader will keep during the event.*

~*~*~*~*~*~*~*~*~*~*~*~*~*~*~*~*

Cost

- Early bird ~ \$180 ~ Deadline = Dec. 31!!
- Standard ~ \$200 ~ Deadline = Jan. 23!!
- Late ~ \$225 ~ After = Jan. 23!! (assuming any spaces are left)

Turn in form and \$50 non-refundable deposit to the office A.S.A.P

