



keep church weird

HOLDEN MAY YOUTH WEEKENDS 2012

Personal Information

Name: _____ Date of Birth: _____

Telephone (home/cell) _____

Address: _____

City/State/Zip: _____

Age: _____ Gender: (CIRCLE ONE) Male / Female

Grade in School: _____ (CIRCLE ONE) Adult / Youth

Church Name: _____ City: _____

T-shirt Size (Adult Sm, M, L, XL, XXL) _____

Email: _____

Medical Release Form

Physical Restrictions: _____

Allergies: _____

Current Medication(s) and Dose: _____

Special Dietary Needs: (Holden Village can accommodate most food allergies) _____

Other Medical Information: _____

Emergency Contact Name: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Physician Name: _____ Phone: _____

I certify that I am a parent or legal guardian of the child named above, who is participating in the event named above. In case of an emergency, I understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to a physician selected by my home church's leadership, event staff, or Trinity Lutheran College staff to secure proper medical or dental treatment, to hospitalize, order injections, anesthetize, perform x-rays, or perform surgery for my child

Parent/Guardian Signature: _____

Date: _____ E-mail: _____

Covenant of Conduct Form

With the understanding that I am responsible for my own actions, I will follow these guidelines:

1. I will participate in all scheduled activities of the event if physically able.
2. I agree to treat each person as a fellow member of the Body of Christ, and will not verbally or physically hurt another person.
3. I agree to respect the property of others, including the event facilities and outdoor areas.
4. I agree not to abuse my body with, or have possession of drugs, alcohol, or tobacco at any time.
5. I will respect adult advisors, the event planning team members, and members of the event community.
6. I agree to abide by the rules of event facility as presented to me upon arrival.
7. **ADULTS:** I understand that it is my responsibility to supervise my entire group at all times.
8. As a leader, I will insure that my youth participants observe and respect Holden Village property and residents, the Planning team, the musicians and speakers.
9. I understand that if any member of my group causes property damage, our congregation will be responsible for repair or replacement.

I understand these guidelines are necessary to ensure a safe, Christ-centered event for everyone, and will follow them out of my respect for others. Should I choose not to follow them, I understand that I will have to accept the consequences determined by my church's adult leaders and the event staff.

Youth Signature: _____ Date: _____

Leader Signature _____

Parent/Guardian Signature: _____

Photo Release

Every year, we produce event promotional materials in which we try to include event photographs. Often, we take pictures of event participants for these promotional materials such as brochures, websites, and event advertisements. For privacy purposes we would like your permission to print your picture in these various materials. We would like to have your signature on file. Any questions can be directed to Mark Jackson (425.249.4721). Thank you.

I hereby irrevocably consent to and authorize the use and reproduction of any and all photographs taken of me by Trinity Lutheran College or event staff for any purpose whatsoever without compensation to me. All negatives and positives, together with the prints, shall solely and completely constitute the property of Trinity Lutheran College. I understand that the use of the pictures is not guaranteed.

____ I will not allow any picture of me to appear in any publication whatsoever.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____