



## Trip Slip, Youth Covenant, Medical Release and Off-site Permission Form

**Event:** Backpacking Trip at Rainbow Trail Lutheran Camp **Event Date(s):** June 29<sup>th</sup>- July 7<sup>th</sup> 2019

**Name of Participant** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender:** M / F

**Parent(s) Name** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Best cell phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Parent email** \_\_\_\_\_

**Emergency contact (other than parent)** \_\_\_\_\_

**Best phone** \_\_\_\_\_ **Other phone** \_\_\_\_\_

### Student behavior covenant

To ensure a Christian experience for everyone, we ask that the student read, sign, and follow these expectations:

- There will be no possession or use of any drugs, including alcohol and tobacco.
- Potentially harmful or dangerous behavior and weapons of any kind will not be tolerated.
- There will be no public display of affection or any inappropriate sexual activity including making out and hanging on one another.
- All attendees will participate appropriately in group activities, large and small groups.
- Respectful behavior for group leaders, adults, peers, and all property is expected.

I, \_\_\_\_\_ (student participant) have read the expectations and I agree to abide by them.

I understand that any behavior that breaks an expectation will be dealt with immediately and any drug, alcohol or tobacco use may result in being sent home (transportation to be determined) at my parents' expense.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Parent's signature needed at bottom if you are under 18 years of age.*

### Please indicate below any medical needs the staff and adults should be aware of:

- Allergies (include insects, food, medication or other):
  
- Any illnesses (asthmas, bleeding, cold, flu):
  
- Any physical restrictions, personality changes, mood swings or depression over the past 6 months, we should be aware of?

GENERAL RELEASE: I authorize my son/daughter to attend the above named event. In the event a medical emergency arises, and the emergency contact or I cannot be reached by phone, I authorize Prairie Lutheran Church and its agents to provide care for my son/daughter. I give permission for my youth to be transported to and from this event in a church, rental, or private vehicle. I have also read and agree with the expectations listed above and will support PLC in administering any appropriate consequences if any expectation is not followed. I acknowledge that the church, its staff, and volunteers shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to this event. This is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in this event.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Student's signature also needed mid-page for behavioral covenant.)*