

Senior High Fall Retreat of Blackhawk and Chicago Presbyteries

Covenant Harbor Retreat Center, Lake Geneva, WI

7:00 PM Friday, November 10 – 11:30 AM Sunday, November 12, 2017

Sponsored by the Youth Ministry Team of Chicago Presbytery and Blackhawk Presbytery

TO ALL YOUTH PARTICIPANTS, LEADERS, AND PARENTS: PLEASE READ CAREFULLY

- ➔ **YOUTH AND ADULT PARTICIPANTS:** Your signature is required.
- ➔ **PARENTS:** Your signature is required.
- ➔ **YOUTH LEADERS:** Be sure each person has completed this Covenant & the Medical Release form.
- ➔ *These forms must be submitted before the October 18, 2017 deadline.*

Name of Participant (please print): _____

Church: _____

THE COVENANT

At this gathering, we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support, and on spending time together. To create and maintain this relationship of family and community, each person agrees to the following covenant:

1. As members of different churches, we will welcome every individual as a person deserving of trust and respect. Bringing our different church families together calls us to be caring and sensitive to our differences and open to making new friends.
2. As guests of the retreat center, each person is to abide by the center's guidelines for conduct and respect their wishes regarding care of their property. At our retreats there will be no smoking, no alcoholic beverages, no illegal drugs, and no inappropriate sexual behavior.
3. As a participant of this planned event, each person is expected to attend all scheduled activities and to follow the instructions of adult leaders. Adult leaders are responsible for helping all youth keep the covenant and are expected to keep it themselves.

I recognize that I am joining this Christian family and community. I agree to abide by this covenant while I am a member of this community. I understand that if I break this covenant, I may be sent home at my parent's expense and my church session may be notified.

Signature of Participant: _____

TO BE SIGNED BY PARENT/GUARDIAN (for any participant under age 18 at the time of retreat)

I have read the Presbytery Retreat Covenant and I understand that if my son/daughter breaks the covenant and a decision is made to send him/her home, it will be at my expense.

Signature of Parent / Guardian: _____ Date: _____

The Presbytery of Chicago occasionally will use photographs and/or videos of events in publicity materials, such as newsletters and fliers. We will be taking photographs of the retreat. I give my permission for photographs of my child to be used in newsletters and other publicity materials.

Parent/Guardian

Thank you!

MEDICAL RELEASE FORM

(This form must be completed by ALL participants)

Last Name _____ First Name _____

Address _____

City _____ Zip _____ Home Phone _____

Doctor _____ Doctor's Phone _____

Church _____ City Your Church Is In _____

Grade in 2016 – 2017 _____

Special Medical Conditions -- such as allergies, chronic illness, or other conditions

Medications and Dosages _____

Food Allergies: _____

Special Dietary Needs:

____ Vegetarian ____ Other Specify: _____

In case of an emergency, I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above or myself, if an adult, in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my/our personal consent.

_____ Date: _____

Parent/Guardian's Signature (for minor youth participant)

_____ Date: _____

Participant Signature (for adult participants)

Printed Name of Parent(s) / Guardian(s)

Printed Name of Adult Participant

Parent / Guardian Phone(s) [] cell [] home

Other relative or friend, in case of emergency

Name _____ Relationship _____

Phone _____ [] cell [] home