

CALVARY UMYF
Senior High "Impact Retreat 2010"
Health/Permission/Commitment Form
March 26-28

Youth's Name: _____ Birth Date: _____

Address: _____

Parent's Names: _____

Home Phone: _____ Work Phone: _____

Emergency Contacts (in case parents cannot be reached)

_____ Phone: _____

_____ Phone: _____

Insurance Information:

Policy# _____ Insurance Co. _____

Policyholder's Name: _____

Health Information:

Current Medications: _____

If the youth will be taking medication during the retreat, please list medication and when youth needs to take it: _____

Is the youth allergic to any medication? Yes No (circle one)

If yes, please list specific medications the youth is allergic to: _____

Please list anything else the youth is allergic to: _____

Please list any other medical concerns the youth has: _____

Parent's Signature: _____ Date: _____

(please complete other side)

PARENTAL PERMISSION SLIP

I give my permission for _____ to participate in the Calvary Senior High UMYF "Impact Retreat" in Ocean City, Md. on March 26-28, 2010. I also give the UMYF representatives and/or other parents involved with Calvary's UMYF, permission to transport my youth to and from the event. In cases of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the adult staff to act on my behalf in obtaining the proper medical treatment for my child.

Parent's Signature: _____ Date: _____

YOUTH COMMITMENT

I am an important part of the Calvary UMYF. When participating in group activities, I recognize the fact that my individual actions are not merely a reflection on myself, but also a reflection on the UMYF group and on my church. Because of this, I will strive to abide by the following rules of behavior:

- I will be sensitive to the feelings of others.
- I will show courtesy and kindness to others.
- I will show proper respect for others and their property.
- I will not act in an unsafe or reckless manner.
- I will not use profane or vulgar language.
- I will not use alcohol, drugs, or nicotine.
- I will obey the rules established by the Pastors, the Director of Youth Ministries and the UMYF Adult Leaders.

I commit to follow these rules, not just from the sense of regulation, but from a sense of caring and respect for others as was taught by the example of Christ's Love for all people.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____