



Group Name: **COVENANT UMC**    **909 West Jefferson St.**    **La Grange, KY 40031**    **Office #: (502) 222-9925**

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Health Considerations: (i.e. allergies, diabetes, penicillin, aspirin, etc.) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Carrier's phone #: \_\_\_\_\_

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**IN CASE OF EMERGENCY**

1<sup>st</sup> contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell# \_\_\_\_\_ Home # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

2<sup>nd</sup> contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell# \_\_\_\_\_ Home # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

# COVENANT OF BEHAVIOR

1. I understand that there is 0 tolerance for drugs, alcohol, tobacco use or possession.
2. I will stay with the group unless I have the permission from an adult mentor.
3. I will stay in adult supervised areas.
4. I understand that this is a group fellowship and not for dating purposes.
5. I understand that I am a part of the Covenant UMC youth group and will act accordingly.
6. I will cheerfully obey all adult mentors and the spirit of the rules that are listed.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Youth Signature