



NALC
North American Lutheran Church

Retreat
Youth Information Form

Please complete the entire form, front and back, and give to your adult leaders to bring on the retreat.

Name _____
 Birth Date _____ Last _____ Age _____ First _____ MI _____
 Male Female
 Parent/Guardian Names(s) _____ Relationship _____
 Home Address _____ City _____ State _____ Zip _____

Please list phone numbers in the order we should call them if we need to get in touch with you during the retreat:

First Phone _____ Second Phone _____
 Third Phone _____ Parent Email _____ Child Email _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Emergency Contact #1 _____ Relationship _____
 Home Address _____ City _____ State _____ Zip _____
 1st Phone _____ 2nd Phone _____ 3rd Phone _____
Emergency Contact #2 _____ Relationship _____
 Home Address _____ City _____ State _____ Zip _____
 1st phone _____ 2nd phone _____ 3rd phone _____
 Physician name _____ Phone _____
 Dentist name _____ Phone _____

Health Insurance Information

Please provide current insurance information in case of an emergency. The parent/ legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name _____
 Carrier Address _____
 Policy # _____ Phone _____
 Policy Holder's Name _____
 Policy Holder's Date of Birth _____ ID # _____ Group # _____
 If you have an Rx card Bin # _____

MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

The undersigned, as parent/ legal guardian of the camper, authorizes the leaders of this retreat and the medical personnel they have selected to consent to any medical/ hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. The leaders of the retreat will endeavor to communicate with me prior to treatment. The undersigned releases the church, the leaders of this retreat and any directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization.

Printed Name _____ Signature _____ Date _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE A PARENT/GUARDIAN MUST SIGN THE MEDICAL RELEASE/AUTHORIZATION! A SIGNED RELEASE IS A PREREQUISITE TO PARTICIPATE IN CAMP!!



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Please complete the entire form, front and back, and give to your adult leaders to bring on the retreat.

Is your youth currently on medications? If so, what? _____

Please provide directions for administration of medication if necessary.

Does your youth have any physical limitations? _____

Is your youth allergic to any medications or have any other allergies? If so, explain.

What else do we need to know while your youth is on this retreat?

NALC Carolinas Mission District

Youth Covenant

The following expectations are to ensure a positive experience for all that are involved. As members of the body of Christ, we are called to hold each other accountable to our baptismal identity that inspires us to live in accordance to God's will.

Please read, sign and return this form to your adult leaders.

- **Inappropriate sexual behavior:** One of the most profound ways to interrupt Christian fellowship on youth events is inappropriate sexual behavior. Any inappropriate sexual activity- comments, gestures, inappropriate displays of affection, or physical contact- will not be tolerated.
- **Illegal Drugs, Alcohol, Tobacco, Firearms, Knives, Weapons:** Do NOT bring any of these items to the retreat. Any of these items will be confiscated and consequences will be carried out.
- **Curfew:** Youth will follow all directions given to them by an adult, including sleeping in their own bed at the given time.
- **Cell phone/ electronics usage:** In order to build relationships and stay focused on interacting with God and others, all cell phones, computers, iPods, MP3 players, etc. should remain off and put in a safe place for the entire retreat. Leave these and other valuables at home if possible.
- **Privacy:** To respect the privacy of others, no males may enter female sleeping quarters or females enter male sleeping quarters. Common areas will be designated as appropriate places for gathering.
- **Property:** All youth will respect the retreat facilities by not damaging the facility. Youth will also respect each other's belongings by not using anything without permission.

If inappropriate behavior is identified by any adult leader the following actions will occur:

- Talk with the youth about issue
- The adult leaders will contact parents
- Parents will supply a way home for youth involved
- The adult leaders will encourage follow up counseling with pastor/youth leader and parents/guardians.
- In the case of any illegal activity- drugs, stealing, vandalism, etc.- the local authorities will be contacted.

I understand the above covenant and agree to follow it.

Youth Signature _____

Parent Signature _____

