

Youth Participant Covenant & Insurance Information

Synod Youth Retreat

November 15 - 17, 2019

Fairview Lake YMCA Camp

Name: _____ Congregation: _____
(name & town)

Participant Expectations:

This New Jersey Synod event is an intentional Christian community. In such a community the behavior of all participants reflects the faith we share in Jesus Christ our Lord.

Therefore, it is expected that:

1. For reasons of continuity and group-building, all participants are needed for the entire event. Therefore, no one will be allowed to attend only a portion of the event.
1. For reasons of safety and accountability to parents, participants will remain throughout the event, and the event leaders will be advised if leaving the site becomes necessary.
2. All registrants - both youth and adults - will participate fully in all activities at the event.
3. Absolutely no alcohol or other drugs (other than prescribed medication) will be brought to or used at the event.
4. Lutherans throughout New Jersey will be proud of the way in which our community represented them.

By this signature I _____ (print name) agree to abide by the stated expectations of this event.

Participant's Signature: _____

Insurance Information & Parent/Guardian Consent Form

_____ (printed name of youth participant). In the event that I cannot give authorization in person, I hereby give authorization to the adult leaders of the NJ Synod, ELCA to seek emergency medical treatment for the above named youth. This authorization is valid only during the above mentioned youth event. I also grant the Synod & ELCA right to use, alter, and reproduce any images (still or video) from the event in any medium solely for the purpose of promoting the ministry of the New Jersey Synod, ELCA without compensation.

_____ Parent/Guardian Signature

_____ Name of Subscriber

_____ Medical Insurance Carrier

_____ Company & Policy #