

# Trinity Lutheran Church

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

**Please print in ink**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Year in School: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Medical History and Health Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and of what, if any action of protection is required on account thereof. Please include the names of medications and dosages that must be taken.

Allergies (pollens, medications, foods, insects):

Asthma, epilepsy/seizures, heart trouble, diabetes, frequent upset stomach, physical handicap:

Other pertinent health concerns:

Last date of immunization: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_

The undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend the events organized by Trinity Lutheran Church's Youth Ministries. In the event of an emergency, this consent form gives permission to seek whatever medical attention is deemed necessary by a licensed physician, and releases the church and its staff of any liability against personal losses of named child. This form also serves as authorization to permit my child to receive emergency medical attention when needed if I/we, or my/our emergency contact, are unavailable to give consent. I/we affirm that the health insurance information is accurate as of the signed date and will, to the best of my/our ability, remain in effect for the student named above. In the event that medical treatment is required, I/we acknowledge that I/we are responsible for the cost of any medical care not covered under the above named insurance policy.

This form also gives Trinity Lutheran Church permission to use any photographs and/or video images of the above named student for purposes of (but not limited to) promotional materials, website design, and ministry recaps.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Behavioral Covenant

Trinity Lutheran Church  
7<sup>th</sup> - 12<sup>th</sup> Grade Youth

Student's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

**I believe that the TLC sponsored events I attend are intended for my enjoyment and the glory of God. Therefore, I pledge to follow the covenant as stated below. I agree that if I break the covenant, TLC Leadership has the right and authority to notify my parent/guardian and send me home by public transportation at my/family's expense.**

- (1) I WILL treat others (peers, advisors/leadership, and those we encounter) according to the Golden Rule – “Do to others as you would have them do to you.” As such, I will be respectful to all people at all times in my ATTITUDES, WORDS, and DEEDS, realizing that I represent Christ and His church at TLC.
- (2) I WILL respect, listen to, and obey the adult/student leadership appointed at all events.
- (3) I WILL respect all property during all events. If I cause any damage, I will assume responsibility for my actions and pay for any and all damages.
- (4) I WILL NOT use any alcohol, tobacco products, or other drugs during any TLC event.
- (5) I WILL NOT bring or partake in any entertainment (audio or visual media) that, according to the discretion of the leadership, does not honor God or edify me as a follower of Christ.
- (6) I WILL be modest in dress, wearing clothing that portrays messages (in both form and content) which, according to the discretion of leadership, honors God and represents His people.
- (7) I WILL honor all spaces designated as ‘male’ or ‘female’ during all events. During overnight events, I will respect the designated times and spaces for sleeping, rest, and privacy. Finally, I understand that all people are expected to conduct themselves as ‘friends’ no matter what type of relationship they might otherwise consider themselves to be involved in with any other person.
- (8) I WILL be responsible to be on time when leaving or stopping on a trip.
- (9) I WILL remain on location at the planned events at all times unless I have the express permission of an adult leader to be elsewhere.
- (10) I WILL, along with the group, do my best to have FUN and ENJOY all TLC youth events.

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_