

2019 CONFIRMATION DAY YOUTH REGISTRATION

Updated: 8.30.19

YOUTH INFORMATION

Youth Church _____ District _____

Home Address _____ City _____ State LA Zip _____

Youth First/Last Name _____ T-Shirt Size _____

Youth Cell _____ E-Mail _____

Age _____ Grade _____ Gender _____

In the event of an emergency where medical treatment is required, I give my permission to the event staff or church sponsor to obtain competent medical services. Please notify me concerning any emergency.

Parent/Guardian Name _____ Relation _____

Emergency Cell Number _____ Alternate Number _____

Parent/Guardian Email _____

Medical Comments, Allergies, Current Medications, etc. _____

Dietary Restrictions: _____

I have attached a copy of my child's health insurance card.

Each youth attending must read and sign the CCYM Covenant:

Our Covenant of Behavior for Louisiana CCYM Events

I agree as a participant in a Louisiana Conference Council on Youth Ministry event to follow certain standards. I will not bring nor consume/distribute alcohol, tobacco, illegal drugs, fireworks, or firearms, nor will I engage in inappropriate sexual behavior, or intentionally cause the destruction or abuse of any person or property.

Electronic devices such as games, phones CD/MP3 players, etc. are to be used only during free time and in a manner consistent with the purpose of this event. (i.e. no profane, violent, drug related or sexually explicit material.) I am responsible for the security of any personal property and will be responsible for any loss or damage. The Wesley Center will be providing my meals. I am not to have food sent or delivered to this event. I agree to follow the daily schedule at all times, and at no time will I leave the event site. I understand that there will be no visitors allowed (including family and relatives) while this event is in progress without prior approval of the event coordinator and that there will be no visitation in rooms designated for the opposite gender whether youth or adult. If I should not act in accordance with this covenant, I realize that I may be disciplined at the event coordinator's discretion, up to expulsion from event, suspension from the next two Louisiana Conference Youth events and the assumption of legal or financial liability. By my signature on this registration form, I am indicating that I have read this covenant and accept my end of the agreement, with the expectation of an event experience leading to my spiritual growth and enjoyment. Adult counselors have the primary responsibility for behavior of their group & agree to follow the same covenant of behavior as the youth.

Agreement: The following signatures indicate both participant and parent/guardian (if applicable) agree to enter into the Covenant as printed in this brochure, and that all event information has been read and understood.

Payment Enclosed Amount\$ _____ Other Payment Type _____

Signed _____ Date _____
(Parent or legal Guardian)

Signed _____ Date _____
(Youth Participant)