

**Western Pennsylvania United Methodist Conference
Youth Ministry Team Medical Release/Covenant Forms for
SPARK Retreat January 11-13, 2013**

Name: _____
(Last) (First) (Middle initial)

Date of birth: ___/___/___ Age: ___ Grade ___

Address: _____
(Street) (City) (Zip Code)

Phone Contacts: Home (____)____ - ____ Work (____)____ - ____ Cell(____)____ - ____ Other (____)____ - ____

Church Name: _____ Church Address _____

Church Phone (____)____ - ____

Emergency Contact:

Name: _____ Daytime Phone (____)____ - ____
(Parent, Legal Guardian or Spouse) Evening Phone (____)____ - ____

Address of above name: _____
(Street) (City) (State) (Zip)

HEALTH FORM

Allergies/special health concerns/needs:

Medication(s) you can **NOT** take: _____

Medication(s) being taken: _____

Special Dietary Needs: _____

Insurance Information

Insurance Company: _____ Phone: (____)____ - ____

Address: _____
(Street) (City) (State) (Zip)

Policy #: _____ Group # _____

Doctor's Name: _____ Phone: (____)____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with SPARK 2013, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance with the Western Pennsylvania United Methodist Conference youth group from your church.

(Over)

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by the Western Pennsylvania Annual Conference youth program or it's agents liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to the SPARK 2013 Retreat sponsored by the Western Pennsylvania United Methodist Annual Conference. I understand that this form is effective for every event/meeting at SPARK on Jan. 11-13, 2013. I understand that it is my responsibility to provide any updates to this information to the Western Pennsylvania Annual Conference during my/my child's participation throughout my participation. We, the guardian and the participant, also give the Western Pennsylvania Conference permission to use the participant's image in any publication materials that might be used to promote the ministry in the future.

Signature of Participant (If 18 or older)

Date _____

Signature of Parent/Guardian (if under 18)

Date _____

Participant Behavior Covenant
(*to be signed by both youth and adult participants)

As representative of Christ and His Church, we, the participants in SPARK 2013, take very seriously our responsibility to care for one another. This covenant represents our affirmation of our concern and well being of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

In addition to our general concern for our community, we agree specifically to:

- I will prayerfully prepare for SPARK
- I will attend all scheduled activities unless otherwise given permission
- I will use language, behavior, and attitudes which are consistent with the Christian Faith.
- I will observe hotel and rules and curfew.
- I will not use tobacco products, alcohol, or other illegal substances.
- I will respect the person, equipment and property of others.
- I will observe the "Lights Out" policy.
- I will not enter the room of someone of the opposite gender.
- I will encourage others to follow these same rules and guidelines by holding my peers accountable
- I promise when the event is over I will share my experience with others.

This covenant is made between each person and the whole group. In the case of a broken covenant, the group will be represented by the Covenant Advisory Team. I understand that if I break the covenant and if the brokenness can not be reconciled, that I may be sent home at my own expense.

Signature

Date