



Confirmation Retreats

Covenant

Home Church: _____ Town: _____

Date Attending: January February Year _____

Name: _____ Gender _____ Youth Adult/Mentor

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Meal Preference: Vegan Vegetarian Meat-Eater Grade: 6 7 8 9 _____

Confirmation Youth:

I covenant to put responsibility first in all I do:

I will not bring nor partake in illegal activities (drugs, alcohol, smoking, etc);
I will not be involved in any sexual activity;
A responsibility of my freedom is that I am my "brother's keeper" and will share information with a trusted adult to keep everyone safe.

I covenant to:

Learn and grow spiritually;
Learn about other youth, adults and churches in our Christian family.

I covenant to respect others:

Property, beliefs, comfort levels;
To use language that is supportive and uplifting;
I will be patient and allow time for understanding.

I covenant to have fun!

I will make an effort to make new friends;
I agree to try new things.

I understand being at Merom Camp & Retreat Center is an extension of our home and will treat it as my own. This experience is a privilege and I covenant to follow our guidelines to make the most of this experience!

Signed _____ Date _____

Parents and Guardians:

We covenant as parents to allow our child (children) to be involved in this wider church experience.

We covenant to be responsible for our child's (children's) actions while away from home. If there is a need to retrieve our child (children) we take the responsibility of coming to the retreat site and removing the child (children) from the event.

Signed _____ Date _____

Pastors, Chaperones and Mentors (youth or adult):

We covenant as adult advisors that we are responsible for this group 24-7 while we are together.

We covenant as adults that we recognize the freedom of choice the youth will have and entrust in faith that they will make informed decisions about their opportunities.

We covenant as adults to be approachable for all levels of concern during our program and to be trustworthy with that respect and confidence.

We covenant to participate and interact with the youth and other adults throughout the program.

Signed _____ Date _____



Confirmation Retreats

Health Form

Home Church: _____

Town: _____

Date Attending: January February Year _____

Notice of interpretation: This form is to be signed by the participant (and parent or guardian for youth). It does not require a doctor's signature. However, if desired or if your child has not had a physical examination in the past 12 months, we suggest that your child have one before coming to camp.

Name: _____ Gender _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Person to notify in case of emergency if no answer at home or work telephone numbers:

Name: _____ Phone #: _____ Relationship to person: _____

Name: _____ Phone #: _____ Relationship to person: _____

Do you have any allergies, physical restrictions, dietary restrictions or allergies to medications? Yes No

If yes, please describe: _____

Date of last tetanus shot: _____

Are there any physical limitations that would prevent you from participating in any camp activities? Yes No

If yes, please describe: _____

Please list any recent illness: _____

Are you on medication of any kind? Yes No

If yes, please describe: _____

I authorize the camp director or other camp personnel to continue this medication as per instructions.

In the event of an injury, illness or requiring the attention of medical personnel, I agree to permit transportation in private or public vehicles. I/We also give permission under such circumstances to the medical personnel, selected by the Merom Camp & Retreat Center personnel or volunteers, to order X-rays, routine tests or treatment.

In the event I cannot be reached in an emergency, I hereby give permission to the physician or other health care personnel selected by such camp personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery. I also give permission for my child to be given the following medication as needed: Tylenol, ibuprofen, decongestant, antihistamine or Pepto Bismol. (Cross out any which are not acceptable.)

Insurance Company: _____ Policy #: _____

Member ID #: _____ Member Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if youth)