

YOUTH PARTICIPANTS COVENANT & Insurance Information

Participant Name _____	Parent/Guardian Name _____
Gender M ___ F ___ Non-Binary _____ Grade ____	Home Address _____
Home Address _____	City _____
City _____	State _____ Zip Code _____
State _____ Zip Code _____	Home Phone _____ Cell Phone _____
Home Congregation _____	E-mail Address _____
Town _____	Emergency Contact _____
Special Needs (language accessibility, food, etc) _____	Emergency Contact Phone _____

This Cross Roads 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.
2. 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.
3. All registrants - both youth and adults - will participate fully in all activities at the event.
4. Absolutely no alcohol or other drugs (other than prescribed medication) will be brought to or used at the event.
5. Stereos, TVs, iPods, etc. WILL NOT be brought to the event.

Be proud of the way in which our community is represented.

By this signature I agree to abide by the stated expectations of this event which is listed below.

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Consent Form

I hereby give permission for my child to participate in all camp activities including high and low challenge/ropes course, archery, and servant event projects, except as previously noted. Further, I give permission for use of photos/videos of my child to be used in camp promotion unless noted. My child will follow the rules of the camp and the directions of the camp staff.

Parent's Signature: _____ Date: ____/____/____

Insurance Information

Medical Policy Carrier _____

Name of Subscriber _____

Policy Number _____

Authorization for Treatment

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child as named above.

Parent's Signature: _____ Date: ____/____/____