

54th Annual Gathering IKC Youth Program Information June 9 – 10, 2017

Early arrivals include Thursday, June 8



Youth Covenant For Ages 18 & Under

Name _____ Birth Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ E-mail _____

Home Church _____ Town _____ Assn _____

Covenant:

I will stay in the designated lodging, agree to lights out, and be responsible to be in place as expected.

I will be in the youth lodging dorm between 11 PM and 6:30 AM. I will notify the chaperones if I have church responsibilities during that time.

I understand that this is different than a youth event. I realize I am here on behalf of my home church and that this is a business meeting so I will work at understanding my delegate responsibilities and voting privileges.

If I have a cell phone I will call my parents to tell them I am safe.

I am here for spiritual growth and trust in the people I am with.

I will attempt to make new friends and not just stay with the people that I already know.

If there is a problem or emergency I will talk to one of the chaperones to help me take care of things.

I recognize everyone's right to be here. I will help when I can and participate fully. I will not be negative towards others.

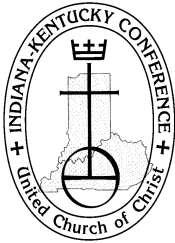
If I drive to Annual Gathering I will park in the designated area and agree to stay on campus throughout the event.

Signature of Youth Delegate _____ Date _____

Signature of Parent/Guardian _____ Date _____

Mail completed form to: Rebecca Braganza
Indiana-Kentucky Conference, UCC
1100 W. 42nd Street, Suite 155
Indianapolis, IN 46208-3346

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|----------------|
| For IKC staff: |
| Dorm _____ |
| Room # _____ |
| Roommate _____ |



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Youth Health Form

This health form *must be turned in* to attend the event.

Please print or type only.

Notice of interpretation: This form is to be completed and signed (by a **parent or guardian, if youth**). It does not require a doctor's signature. If you/your child has not had a physical examination in the past 12 months, we strongly suggest having one before coming to the event.

Name _____ M___F___ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Name of adult youth lives with _____ Relationship to youth _____

Alternate phone numbers

Father/Guardian Name _____ Father/Guardian Work # _____

Mother/Guardian Name _____ Mother/Guardian Work # _____

Person to notify in case of emergency if no answer at home or cell phone number:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

1. List allergies, physical restrictions, dietary restrictions or allergies to medications:

2. Date of last tetanus shot _____

3. List current medications

I authorize the Youth Advisor or other staff personnel to continue this medication as per instructions.

Signature (Parent/Guardian if under 18) _____

4. Are there any physical limitations that would prevent participation in any event activities? Yes___ No___

If yes, please describe _____

5. Please list any recent illness

In the event that of an injury, illness or requiring the attention of medical personnel, I agree to permit him/her to be transported in private or public vehicles. I also give permission under such circumstances to the medical personnel, selected by the Indiana-Kentucky Conference United Church of Christ camp/event personnel, to order X-rays, routine tests or treatment. Also, 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/event personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery. I also give permission for the following medication as needed: Tylenol, decongestant, antihistamine or Pepto Bismol. (Cross out any that are not acceptable.)

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if under 18)