



Episcopal Diocese of Kansas **YOUTH MINISTRY**

Community Expectations & Covenant

The **mission** of the Episcopal Diocese of Kansas Youth Program is to *gather, equip, and send* young disciples of Jesus Christ to witness to God's reconciling love.

Youth events and activities sponsored by the Episcopal Diocese of Kansas abide by common standards for our Community. In order to live out our mission statement, all participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. Respect yourself, others, and property through your actions and words
2. Respect and follow the rules for the event.
3. Be an active participant in scheduled activities
4. Sleeping areas are off limits to members of the opposite sex at all times.
5. Do not bring offensive music or clothing.
6. If visitors wish to attend the event, you must make prior arrangements with the event coordinator.
7. No sexual activity.
8. Prescription drugs are to be handed over to the appropriate person at the beginning of the event.
9. No alcohol, illegal drugs, tobacco products, fireworks, or weapons are allowed at anytime.
10. No person is to leave the event or use a private vehicle without permission from the event coordinator.
11. No cell phones.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home.

Participant Signature: _____ **Date:** _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules.

Parent Signature: _____ **Date:** _____

Photo/Video Publicity Release Statement

The undersigned participant does agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, his or her participation in Peer Ministry Retreat October 21-22, 2011. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Diocese of Kansas Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Parent Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

Peer Ministry Retreat Health Form

Name _____ Home Phone _____

Family Physician _____

Daytime Phone _____ After Hours Phone _____

Insurance Company (**please include photocopy of insurance card**)

Policy Number _____ Name of Person on Policy _____

Employer _____ Is pre-approval for treatment required? Y N

Health History (check and/or give approximate dates)

Chronic / Recurrent Illness

Allergies

Immunizations (Mo/Yr)

Ear infections _____

Hay fever _____ Tetanus _____

Rheumatic Fever _____

Poison Ivy _____ Last booster _____

Convulsions/Seizures _____

Insect stings _____ Measles, Mumps, Rubella

Asthma _____

Penicillin _____ Last Booster _____

Diabetes _____

Other medication _____

Epilepsy _____

Food allergies _____

Bed Wetting _____

Operations or serious injuries with date: _____

Medications to be administered at event (specify dosages): _____

Additional comments/explanations of above (use separate sheet if necessary) _____

Parent or Guardian Statement: In the case of accident or illness, I give my permission for emergency treatment to be provided by the physician and/or health care facility determined by persons responsible for the safety and welfare of the youth at the Peer Ministry Retreat October 21-22, 2011.

Signature _____ Date _____