

Covenant For All Youth Events

Gloria Dei Lutheran Church - Hudson, Ohio

1. I will respect all those from our group, adult leaders, and anyone outside our group.
– *1 Peter 2:17*
2. I agree to respect the property of others. Any damage incurred as a result of my words or actions, is to be paid by me and all those involved. – *Exodus 22:5-6*
3. I agree that as a part of this group, we will pay for any anonymous or unclaimed damage caused by this group, unless those involved confess. – *Leviticus 4:13*
4. I will not use profanity or harsh language. – *Colossians 3:8*
5. I will not possess or take part in under age and illegal use of cigarettes, cigars, chewing tobacco, or any other form of tobacco. – *Romans 13:1-3*
6. I will not possess or take part in under age and illegal consumption of alcohol.
– *Titus 3:1*
7. I will not possess or take part in the use of any type of illegal drug or substance.
– *Romans 6:13*
8. I will not take part in any sexual activity. – *1 Corinthians 6:18-20*
9. I will not obtain any type of body piercing or tattoo. – *Leviticus 19:28*
10. When an adult leader requests my cooperation or assistance I will be as helpful as possible. – *Hebrews 13:17*
11. I will be present and on time at all group meetings, devotions, and Bible studies.
– *1 Corinthians 12:25*
12. I will contribute my opinion and information about various matters concerning our group.
– *1 Corinthians 12:27*
13. I will put personal preferences aside for the benefit of the entire group.
– *Ephesians 4:3*
14. I will be honest, affirming, and positive to others. – *Proverbs 14:25 & 12:25*
15. Failure to comply with any of the above except 5-9, will result in a warning. A second occurrence will result in a phone call warning to my parents/guardians. A third occurrence, or first occurrence of 5-9, will result in a trip home to be paid by my parents/guardians. – *Romans 13:4-5*

Youth signature

Parent/guardian signature

Date

Medical Release Form
Gloria Dei Lutheran Church - Hudson, Ohio

Name

Home Address

City

State

Zip Code

Health Insurance Company

Policy Number

Group Number

Physician

Phone Number

I, _____, the legal parent/guardian of

_____ grant my permission to attend *Gloria Dei Lutheran Church, education and youth events*. I hereby release *Gloria Dei Lutheran Church* from any and all liabilities in case of accident or illness. I authorize any medical care deemed necessary by an accredited physician, nurse, medical personnel, or hospital while traveling to, from, and while attending any activity or trip sponsored by *Gloria Dei Lutheran Church*.

Parent/Legal Guardian Signature

Date

Home Phone Number

Work Phone Number

Cell Phone Number

I understand an adult may not be assigned to each room. _____ Yes
_____ No

I understand two adults may not always be in each room, vehicle, or enclosed space.
_____ Yes _____ No

I give my permission for my child's picture to be used in any church related publicity.
_____ Yes _____ No

Please list any allergies, medical conditions, or any other considerations regarding the health of your child below.

“But let all who take refuge in you be glad; let them ever sing for joy. Spread Your protection over them, that those who love Your name may rejoice in You. For surely, O Lord, You bless the righteous; You surround them with Your favor as with a shield.” – Psalm 5:11-12 NIV