



St. James Lutheran Church Youth Event Covenant Contract

Event: SnowTubing (Grades 7th – 12th) Date: Sunday, January, 16 @ 4-10pm

In all things we do as a group from St. James, we have responsibilities. As the Youth of St. James, we represent our families, our church and **most importantly** our Lord.

1. I will respect the property of the facilities and personal property of others.
2. I will not use or possess non-prescription drugs, alcohol, tobacco products, knives, firearms, firecrackers, or any other item deemed dangerous or disruptive by the leaders.
3. I will respect the rights of others and not abuse or harm anyone verbally, physically, sexually or in any other way.
4. I will use respectful language at all times.
5. I will dress respectfully.
6. I will respect and follow the requests of the leaders.

If any of these guidelines are unclear, please discuss them with the leader prior to signing this form.

I agree to abide by this covenant of conduct. I realize that if the covenant guidelines are not followed, disciplinary action will be taken which may include sending me home, with expenses being the responsibility of my parents.

Youth Signature (required): _____ **Date:** _____

For Parents/Guardians to sign:

I give permission for my son/daughter (print youth name) _____ to attend aforementioned event. I understand that he/she will abide by the Covenant of Conduct. I also understand that if the Covenant of Conduct is broken in any way, I may be asked to pick up my child and bring him/her home. I also give permission to any St. James leader or chaperone to seek medical attention for my child should the need for medical attention arise.

I also understand that if my child/ the above named youth is at fault or responsible for any broken, stolen or vandalized property or is the cause or in association with any cause of financial penalty, fee, or charge, I am responsible for the replacement, repair or payment of any or all of the cost. The cost or amount of fine shall be determined by the pastors, and/or the Church Council.

I give permission for my youth's photos to be printed in the bulletin, newsletter, website, Facebook or put in Youth Room.

Parent/Guardian Signature (required): _____

Phone # (home) _____ (work) _____ (cell) _____

Second Contact Information (Name & Phone) _____

Insurance Company Name: _____ Group # _____

Any medications to be given: Yes No: list if yes: _____