

EVENT: Senior High Winter Retreat of Blackhawk and Chicago Presbytery at Covenant Harbor Retreat Center, Lake Geneva, WI  
EVENT DATES AND TIMES: 7:00 PM Friday, November 6 – 11:00 AM Sunday, November 8, 2009  
Sponsored by Youth Ministry Committees of Blackhawk and Chicago Presbyteries

**F** TO ALL YOUTH PARTICIPANTS, LEADERS, AND PARENTS: PLEASE READ  
CAREFULLY

**YOUTH AND ADULT PARTICIPANTS:** Your signature is required.

**PARENTS:** Your signature is required.

**YOUTH LEADERS:** Be sure each person has completed this Covenant and the Medical Release form. Please bring these forms to the registration table at the retreat.

Name of Participant (please print) \_\_\_\_\_

Church \_\_\_\_\_

### **THE COVENANT**

*At this gathering, we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support, and on spending time together. To create and maintain this relationship of family and community, each person agrees to the following covenant:*

1. As members of different churches, we will welcome every individual as a person deserving of trust and respect. Bringing our different church families together calls us to be caring and sensitive to our differences and open to making new friends.
2. As guests of the retreat center, each person is to abide by the center's guidelines for conduct and respect their wishes regarding care of their property. At our retreats there will be no smoking, no alcoholic beverages, no illegal drugs, and no inappropriate sexual behavior.
3. As a participant of this planned event, each person is expected to attend all scheduled activities and to follow the instructions of adult leaders. Adult leaders are responsible for helping all youth keep the covenant and are expected to keep it themselves.

*I recognize that I am joining this Christian family and community. I agree to abide by this covenant while I am a member of this community. I understand that if I break this covenant, I may be sent home at my parent's expense and my church session may be notified.*

Signature of Participant: \_\_\_\_\_

**TO BE SIGNED BY PARENT/GUARDIAN (for any participant under age 18 at the time of retreat)**

I have read the Presbytery Retreat Covenant and I understand that if my son/daughter breaks the covenant and a decision is made to send him/her home, it will be at my expense.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Presbytery of Chicago often uses photographs or videotapes of events in our publicity materials, such as our newsletters. We will be taking photographs of the retreat. If you permit us to photograph your child for our newsletters, please sign below. Thank you!

\_\_\_\_\_

Parent/Guardian

**The Presbytery of Chicago's**  
**MEDICAL RELEASE FORM**  
(to be completed by all participants)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Church \_\_\_\_\_ City Your Church Is In \_\_\_\_\_

Grade in 2009 – 2010 \_\_\_\_\_

Special Medical Conditions -- such as allergies, chronic illness, or other conditions

\_\_\_\_\_  
\_\_\_\_\_

Medications and Dosages \_\_\_\_\_

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

Special Dietary Needs:

\_\_\_\_ Vegetarian      \_\_\_\_ Other, specify: \_\_\_\_\_

In case of an emergency, I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above or myself, if an adult, in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my/our personal consent.

Parent/Guardian Phone(s) \_\_\_\_\_

Parent/Guardian's Signature (for minor youth participant) \_\_\_\_\_

OR

Adult Advisor's Signature \_\_\_\_\_

Other relative or friend, in case of emergency –

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_