

Health History:

Date of birth: _____

Allergies/special health concerns/dietary needs: _____

Medication(s) you can **NOT** take: _____

Medication(s) being taken: _____

Any medical history that needs to be noted: _____

Black River Falls UMC Program Participant Behavior Covenant:**(*To be signed by children, youth and adult participants.)**

As representatives of Christ and the Church, we, the participants in the Black River Falls United Methodist Church Youth Program, take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the well-being of the total community. We covenant with each other to insure the safety of all, to make our time together meaningful, and to care for the facility which we share. In addition to our general concern for our community, we agree specifically to:

- Leave vehicles parked and unoccupied.
- Remain on the program site unless having been given permission to leave.
- Attend all activities including meals
- On overnight activities, observe scheduled curfew by being in rooms, quiet and not disturbing others. Never enter the room of someone of the other gender.
- Not use or possess tobacco products, illegal drugs, alcohol or drugs of any kind.
- Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
- Respect the person, property and equipment of others.
- Respect people regardless of race, religion, age, ethnicity, religion, gender, physical differences, and orientation.
- We will use language, behavior, and attitudes which are consistent with the Christian faith.

I agree to follow all of the above rules because I want to represent Jesus in a positive manner at all times.

Participant Signature_____
Parent/Guardian Signature_____
Date