2023 COVENANT FORM FOR ALL YOUTH & ADULTS — MONTREAT SUMMER CONFERENCES

 For this week, 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 spending time together. Each of us is very important as a member of the family. As a key part of our commitment, we will not tolerate discrimination against any child of God, including discrimination based on race, ethnicity, ability, gender identity, gender expression, or sexual orientation. To create and maintain this atmosphere of family and community, we agree to the following covenant:

1. We will be considerate to those who live & work here by not walking in the middle of the streets and by following the curfew of 11:00 PM each evening.

2. We will abide by state law, which prohibits the possession or use of illegal drugs by anyone and prohibits the possession or consumption of alcohol by persons under 21. (If over 21, we will voluntarily abstain from alcohol.) North Carolina law prohibits the purchase of tobacco products, tobacco-derived products, vapor products, and cigarette wrapping papers by persons under the age of 18.

3. As members of the Conference family, we will abide by the conference center & college policies on tobacco use and firearms. All MRA owned buildings are SMOKE FREE. This includes the burning of incense, e-cigarettes, and vaping. Smoking on MRA property should take place at the concrete urns filled with sand. Tobacco products are not sold in Montreat's retail facilities. In addition, Montreat College is a TOBACCO FREE campus. Tobacco use is not permitted on property owned or leased by the college.

4. As members of the Conference family, we will: honor all people as children of God; practice responsible, thoughtful, and respectful social media use; refrain from all forms of discrimination and harassment, including discrimination and harassment based on race, ethnicity, ability, gender identity and expression, or sexual orientation; participate fully in the events of the conference; be responsible in our expressions of care, concern, and intimacy; abide by the Conference dress code; be responsible for our own belongings and respect the property of others; care for ourselves and others by not hitchhiking or accepting rides from strangers; not bring skateboards, rollerblades, scooters, "super-soakers", laser pointers, air horns, balloon launchers, or other disruptive items to the conference; keep all our audio devices in our rooms with the volume low; not hike in the wilderness alone, after dark, or before sunrise.

5. We will abide by all state and conference center guidelines that are in place to reduce and mitigate the spread of Covid; mandates aside, for all measures that are optional and/or encouraged, we will respect and demonstrate kindness regarding the choices individuals and groups may make. 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 by disrespecting or endangering myself or others, I may be sent home at the discretion of the senior leadership team and/or the president of Montreat Conference Center. I further understand that such action will be undertaken at my parent's expense and my church session may be notified.

I acknowledge that I may be photographed or videotaped for publicity purposes.

Youth Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature:\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION FORM (PLEASE PRINT)**

**Attach a copy of your insurance card (front and back)**

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Last name First name Birth Date

**Insurance Company**

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**Policy Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy Holder’s Name**

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**Current Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List surgeries:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate if you have a history with any of these medical problems:**

Hay Fever

Seizures

Lung Problem

Bee Sting

Ulcers

Low/High Blood Sugar

Fainting

Cancer

Kidney Problem

Asthma

Heart Disease

Diabetes

Blood Pressure Problem (high/low)

**Other Illness or Medical Issue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_