

POLICIES & GUIDELINES

Allassippi Youth Gathering 2010

We, as God's people gathering in community for the All Allassippi Youth Gathering and desiring to grow in our relationship with Jesus Christ and each other, agree as follow:

- Each person, youth and adult, is responsible for their own actions during the event. Concerns should be shared and acted upon jointly.
- All persons are to be on time for all activities, which includes being prepared for evening devotions in their assigned cabin at the scheduled time, and quiet at the designated lights out time.
- Youth and adults are expected to willingly participate in all activities.
- Alcoholic beverages, tobacco products, drugs, fireworks, firearms, knives and skateboards are not allowed. All-Allassippi is a 100% non-smoking event and it is requested that youth and adults abide by this.
- Each person is expected to be respectful of others in word and deed and considerate of others during lights out/quiet hours.
- No males will be permitted in the female housing area and no females will be permitted in the male housing area at any time.
- Shoes must be worn at all times. Only closed toed shoes allowed for the service project.
- Each person is expected to be good caretakers of Gulf Shores Beach Retreat and property that is not theirs. Damage to any property or equipment-personal, Church owned, or All-Allassippi owned- will be charged to the church/churches involved and equipment/property replaced. Please stay out of designated areas.
- Inappropriate behavior, that is acts that affect the safety, health, and well-being of self, others and property, may result in asking individuals or groups to leave the All-Allassippi Youth Gathering at their own expense and without a refund. In the event that this becomes necessary, the leadership of the church/churches involved will be notified.

We, the undersigned have read and understood these policies and agree to covenant with each other to abide by these expectations and to support each other in being good examples to all people at the All-Allassippi Youth Gathering.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Adult Advisor* Signature: _____ Date: _____

*This should be the adult accompanying your group to All-Allassippi Youth Gathering

Please bring this completed form to the Gathering with the individual registration & medical consent form.

Youth Registration & Medical Consent Form

All-Alassippi Lutheran Youth Gathering July 29-August 2010

(Bring this completed form along with the policy and guidelines form to the Gathering)

Name: _____ Phone: _____ Sex: —

DOB: _____ Age: _____ Grade: _____ E-Mail Address: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian's Name: _____

Home Congregation _____

City: _____ Phone: _____ Fax: _____

Authorization to Consent to Medical/Dental Treatment

I/We do hereby authorize the adult leaders of the Alassippi Lutheran Youth Gathering to consent to any medical treatment, dental treatment and hospital care, to be rendered to my/our minor child under the general or special supervision and on the advice of any licensed physician, dentist, or surgeon. It is my/our understanding that if the nature of the emergency allows for the time of opportunity, attempts will be made to contact me/us at the phone numbers I/we have provided before any treatment by physician, surgeon, dentist, oral surgeon, or hospital. I/we understand that in the event my/our child is injured or becomes ill and it is necessary for he/she to receive medical or dental treatment. That my/our own health, dental and accident insurance will be used to cover such expenses and that I/we will be responsible for any such expenses not covered by my/our insurance.

Dated this _____ day of _____, 2010 Signed: _____

Allergies: _____

Allergic to any drugs, specify: _____

Regularly take medications: _____

Medical/Dental treatment in last six months, specify: _____

Other medical/dental notations: _____

Doctor's Name & Phone #: _____ Dentist's Name & Phone #: _____

Insurance Carrier: _____ Carrier's Phone#: _____

ID#: _____ Group#: _____

In case of emergency, contact:

Name: _____ Relationship: _____

Phone #: _____ Cell Phone #: _____ Pager #: _____