

The NLLCYM Covenant

\*To God

\*To Each Other

\*To Ourselves

1. Always remember that you are representing God, your family, New Life, and yourself. Please act accordingly.
2. Respect is the key word – treat people and property with it!
3. Everyone is expected to participate in all activities. Be where you need to be at all times and on time!
4. Encourage one another. No gossip, swearing, or “put-downs.”
5. Drugs and weapons are not allowed at any time. This includes alcohol, tobacco products, lighters, fireworks, guns, or knives.
6. You are valuable. So is the person next to you. No cliques or excluding behavior.
7. Friends are welcome at certain activities, but YOU are responsible for their behavior.
8. Everything told to Beth is kept confidential unless there is the possibility of yourself or someone else being hurt.
9. Whatever Pastor Gige, Pastor Sinisterra. Beth or a sponsor says GOES!
10. If you need to leave the group or activity, you need to get permission from a sponsor.

I realize that I am participating in events that have a Christian purpose. Therefore, I agree to abide by this covenant, and understand that if I don't, I could be sent home.

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Youth Signature

Date

I understand that my child can be sent home from an event for not abiding by this covenant. I agree to cover all costs for their early return should this come about.

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Parent/Guardian Signature

Date

I, the undersigned, hereby give my permission for New Life Lutheran Church, Pearland, Texas, to use, publish, or disclose in newsletters, brochures, periodicals, posters, website, or other media-related vehicles, any photographs, videos, audios or other materials, in which my child, \_\_\_\_\_, may have appeared, spoken, written or otherwise been represented.

My signature below releases New Life Lutheran Church to use any of the aforementioned materials. I understand that a copy of this release will be kept on file to indemnify New Life Lutheran Church against any of their use of the materials indicated.

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Parent/Guardian Signature

Date

NAME: \_\_\_\_\_ (LAST, FIRST, MIDDLE)

**YOUTH CONSENT FORM**  
**NEW LIFE LUTHERAN CHURCH**  
3521 E. ORANGE ST  
PEARLAND, TX 77581  
281-485-1818  
September 2008 – September 2009

I give my SON/DAUGHTER my permission to attend activities of New Life Lutheran Church Youth Ministry Program and ride in the provided vehicles for related activities. I release New Life Lutheran Church from any damages which may result due to accident or injury. Further, I hereby authorize the adult sponsors in attendance to consent to and to authorize emergency medical treatment, surgery or dental care for my SON/DAUGHTER which is considered advisable or necessary in the judgment of an emergency medical professional or attending physician. I also agree to pay to the service provider all reasonable and necessary charges for medical treatment based on the consent of the persons authorized to act by this document.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE

OTHER CONTACT:

\_\_\_\_\_  
NAME RELATIONSHIP

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE

PHYSICIAN: \_\_\_\_\_  
NAME PHONE

DENTIST: \_\_\_\_\_  
NAME PHONE

INSURANCE: \_\_\_\_\_  
COMPANY NAME POLICY NUMBER

ALLERGIES: (including any medications)

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\_\_\_\_\_

CONDITIONS AND MEDICATIONS: PLEASE LIST ANY MEDICAL CONDITIONS AND MEDICATIONS TAKEN REGULARLY

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