



## Expectations, Covenant and Permission Slip



### EXPECTATIONS

1. You are expected to have a very good time, to enjoy the various activities offered on the LOCK-IN and the group time together.
2. You are expected to contribute to the group experience by supporting the group you are rooming with and by supporting the entire Epworth group.
3. You are expected to respect the physical and emotional well-being of other youth and adults by "doing unto them as I would have them do unto me" (respecting the need for sleep, refraining from harmful practical jokes, etc.).
4. You are to respect the property of the places we are visiting. You are expected to leave your room at the end of the trip clean and without damage, so that a charge will not be levied against the group.
5. You are expected to cooperate with the authority of the adult counselors.
6. You are expected while on the retreat to refrain from the use of alcohol, tobacco and drugs of any kind, except those prescribed by a physician.

### COVENANT

I, \_\_\_\_\_, covenant to have a very good time on this Retreat. I covenant to support the group experience and meet the preceding expectations. I covenant to make the trip the best possible experience for everyone.

\_\_\_\_\_  
Signature of Youth

### PERMISSION SLIP

#### TO WHOM IT MAY CONCERN:

\_\_\_\_\_ has our permission to go with the Epworth United Methodist Church U.M.Y.F. on the **LOCK-IN** to **EPWORTH UMC and related/planned outings** on **December 2nd-3rd, 2016**. Please seek any medical assistance needed while he/she is with this group on this youth event. Epworth United Methodist Church and the adult chaperones are not held responsible for any accidents that may occur while on the retreat.

#### EMERGENCY NUMBERS TO CALL:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

In case we are unable to contact you in an emergency, whom should we contact?

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

Any allergies we should be made aware of? \_\_\_\_\_

Please list any medications that are taken routinely \_\_\_\_\_

Name of Medical Group or Insurance Co. \_\_\_\_\_

Certificate Number or Group Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian