

Assembly Health Questionnaire:

Do have any condition that would prevent you from participating in any activity? ___yes ___no

If yes, please explain:

Pre-existing medical conditions:

Current medications:

Allergies to food, medication, or environment:

Assembly Covenant:

As a participant in the 2009 LYON Assembly, I am part of a Christian community and will respect and care for those at the Assembly as sisters and brothers in Christ. For my own safety and care of others, I commit myself to abide by the following guidelines:

1. I will participate in all activities in a timely and cooperative manner and respect the youth and adult leaders in charge.
2. I will respect the motel and others' property and act appropriately.
3. I will stay in the hotel during the entire Assembly.
4. I will abstain from use of alcohol or illegal drugs and inappropriate sexual activity.
5. I will not be in the room of a member of the opposite sex at any time, unless that room has been set up as a place where people of the opposite gender may meet to talk. People of opposite genders are only allowed in these rooms between 10 am and midnight. These rooms will be available only to youth groups who want to have such a room and whose advisors indicate that this room is appropriate for their group.
6. I will observe the lights out times for the Assembly.

I understand that I may be sent home at my parent's/guardian's expense if I break this covenant.

Participant Signature _____ Date _____

For Parents/Guardians of Youth Registrants:

Parent/Guardian name: _____

Address: _____

Street	City	State	ZIP Code
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Phone numbers: _____

Cell phone	Home phone
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E-mail address: _____

By signing this form I acknowledge that I have reviewed the Covenant that my child has signed above. In addition, my child has permission to take part in all activities at the LYON Assembly, and I will not hold event planners or chaperones responsible for accidents, claims and damages arising therefrom. I authorize event planners and chaperones to take such action as deemed necessary for the care, welfare and health of my child, including the giving of consent for medical treatment. I also give event planners permission to use any photographs of my child taken at this event in future promotion of church-related youth programming.

Parent/Guardian: _____

Signature	Date
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