

**CHI RHO JAM March 1-2, 2008**  
**COVENANT AND REGISTRATION/HEALTH FORM**

Please check:  Youth  Adult Sponsor  Small Group Leader  
Copy form as needed.

Covenant: I promise to obey all guidelines, be where I am supposed to be, consume no alcoholic beverages or illegal controlled substances, stay in assigned housing, and to conduct myself in a way that gives clear evidence of my Christian faith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (first or preferred) \_\_\_\_\_ (last) \_\_\_\_\_  
 M  F Grade \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Birth Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Email Address (print neatly) \_\_\_\_\_  
(Note: Email address used to confirm registration.)

Home Church \_\_\_\_\_ Minister's Signature \_\_\_\_\_  
Adult Responsible For This Youth At Chi Rho Jam \_\_\_\_\_  
Congregational Affiliation of above Person \_\_\_\_\_

**"Early Bird" registration fee is \$32 postmarked by February 18, 2008.**  
**AFTER February 19, THE FEE IS \$45! No registrations after February 22.**  
**No Walk-Ins!**

1. Are there any physical limitations that would prevent this person from participating in all assembly activities: games indoors and/or out.  
 Yes  No. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
2. Does s/he have any allergies, physical restrictions, dietary restrictions or other instructions? \_\_\_\_\_  
\_\_\_\_\_
3. Please describe any recent illnesses (in last 60 days): \_\_\_\_\_  
\_\_\_\_\_

4. Is s/he on any medication? \_\_\_\_\_Yes\_\_\_\_\_No. If yes, please describe:\_\_\_\_\_

(I authorize participant's local church youth leaders to continue medication as per instructions)

**Signature of Parent/Guardian of Youth:**\_\_\_\_\_

**EMAIL**\_\_\_\_\_

**Signature of Adult/Self:**\_\_\_\_\_

In the event that this person, \_\_\_\_\_, is injured, ill or requires the attention of medical personnel, I agree to permit him/her to be transported in private or public vehicles. I/We also give permission, under such circumstances, to the medical personnel selected by the Christian Church (Disciples of Christ) in Indiana Assembly leaders to order x-rays, routine tests or treatment for him/her.

Also, in the event that I/We cannot be reached in an emergency, I hereby give permission to the physician selected or other health care personnel by such Assembly leadership, to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this person.

**Signature of Parent/Guardian of Youth**\_\_\_\_\_

**Signature of Adult/Self**\_\_\_\_\_

[The Christian Church (Disciples of Christ) in Indiana is not responsible for personal items that are lost, stolen or broken at the Chi Rho Jam.]

**Person to notify in case of emergency:**

Name\_\_\_\_\_Address\_\_\_\_\_

City\_\_\_\_\_

Phone\_\_\_\_\_ Relationship to Chi Rho participant\_\_\_\_\_

**This is an officially sponsored event of the Christian Church (Disciples of Christ) in Indiana, 1100 West 42nd Street, Suite 150, Indianapolis, Indiana, 46208-3375.**