**Lutheran Youth of Nebraska 2023 Assembly**

**“Go and… Be Honest”**

November 17-19, 2023

Carol Joy Holling Camp, Ashland

***Every participant is REQUIRED to turn in this signed form when checking in at LYON 2023 on Friday, November 17.***

*Please print:*

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Participant \_\_\_\_ Adult Group Leader \_\_\_\_\_

Congregation/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LYON Covenant:**

Gathering as community requires a commitment from each person to actively support the goal to create safe space for each of us to grow in our faith, engage in learning and strengthen our connections as Lutheran Youth of Nebraska. This requires each of us to come with an open mind, be respectful of others’ opinions and ideas and to work cooperatively following the directions, rules and guidelines established by the LYON leaders.

Participants are expected to stay on site the entire time we are gathered, to respect God’s creation and the Carol Joy Holling Camp facilities and abstain from use inappropriate behaviors that may include use of alcohol, illegal drugs, smoking, vaping and/or inappropriate activities. Expectations including lights out, boundaries, the schedule and code of conduct will be reviewed with participants Friday evening.

I commit to abide by the Covenant and the expectations of the LYON leaders. I understand that I may be sent home at my expense if I break this covenant.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a medical condition that would prevent you from participating in any activity? \_\_yes \_\_\_no

If yes, please explain:

Allergies to food, medication, or environment:

**Participant Permission**

I will not hold the Nebraska Synod, event planners or adult leaders responsible for accidents, claims and damages arising therefrom. I authorize event planners and adult leaders to obtain medical treatment for my child/myself should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport. I also give Nebraska Synod permission to use any photographs and/or video of my child/myself taken at this event in future promotion of church-related youth programming. I have reviewed the LYON Covenant and understand breaking the covenant could result in being send home at our/my expense.

[ ]  I **do not** give permission for photographs and/or video of my child/myself to be used for promotion by the Nebraska Synod or the congregation.

Parent/Guardian of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Adult Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Each ADULT participant must also complete a Volunteer Screening Form and return it by November 6 to office@nebraskasynod.org.