HIGHLAND UMC YOUTH FELLOWSHIP

Youth Covenant · 2026–2027

While on Highland's grounds and any trips with Highland Youth Fellowship, I agree to obey the following rules:

1. I will make it my goal to represent Christ at all times and places.
2. I will be present for the entire youth group or event unless my parents have told an adult leader otherwise.
3. I will not use or bring drugs, alcohol, vapes, or tobacco products of any kind (please give all prescription medication to an adult upon arrival).
4. I will not bring, purchase, or use any weapons, fireworks, or other dangerous items.
5. I will stay with the group and check in with an adult leader before going off on my own.
6. I will respect others' personal space and boundaries, and ask before hugging, touching, or roughhousing with someone.
7. I will be respectful of others and their property, in person and online, and leave everywhere better than I found it (no stealing, damaging pranks, vandalizing, bullying, harassment, or harmful comments).
8. I will not bring or wear inappropriate clothing: ***if you have to ask, don't bring it.*** I will respect and obey if an adult leader asks me to change clothing they deem inappropriate.
9. I will respect all the rules of the camp/facilities when we go on trips.
10. I will wear a seatbelt every time I'm in a vehicle, *for the entire ride*.

If I see someone else breaking these rules, I will let an adult leader know.

Please know that adult leaders will be enforcing these rules, and we really hate doing it, so we hope you won't give us reason to. It'll be so much more fun.

I promise that I will make every effort to obey these rules out of respect for Christ, my leaders, my peers, and myself.

STUDENT AGREEMENT

STUDENT SIGNATURE	PRINTED NAME	DATE

PARENT / GUARDIAN AGREEMENT

I have gone over this covenant with my teen, and acknowledge that I will support the adult leaders in their decisions to enforce the rules.

I understand that Highland UMC does not carry accident or medical insurance on participating youth & volunteers. I agree that my insurance company or the stated aforementioned carrier of my policy will be used for medical care expenses in the event of treatment. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my provider insurance. I understand that I am responsible for payment of all medical bills.

PARENT / GUARDIAN SIGNATURE	PRINTED NAME	DATE