



# Hoyleton Buddies Mission Experience

## YOUTH COVENANT

This form is to be completed by all youth attending the Hoyleton Buddies Mission Experience.  
Please submit with Group Registration Form and Payment.

Name of Youth Participant (please print): \_\_\_\_\_

- I will respect the purposes and goals of this event.
- I will respect the rights/needs of all those attending this event.
- I will respect DuBois Center property and equipment; this includes using these resources in safe and appropriate ways, not littering and cleaning up after myself. I will report any damages or issues to my chaperone and the DuBois Center Event Coordinator.
- I realize there are areas of DuBois Center that are off limits and will stay out of them. Areas include the kitchen, storage closets and rooms, maintenance, other buildings that are not part of this event and program areas when they are closed.
- I will attend all sessions of this event. I understand it is my responsibility to get enough sleep during this experience and to participate fully in each element of the program.
- I understand that I may hang out in my cottage ONLY during designated times.
- I will be individually responsible for damage I cause to the property of others and will refrain from any damaging or illegal behavior.
- I will not consume alcohol or use any tobacco products.
- I will not use any mood-altering or illegal drugs or other such substances.
- I will wear appropriate clothes and not wear anything that portrays unhealthy activities or attitudes (such as those promoting sex, drugs, alcohol or violence).
- I will respect the rule that there are to be no females in male sleeping rooms and no males in female sleeping rooms.
- I will not engage in excessive displays of affection or cliqueishness, as I realize the establishment of an exclusive community between two individuals hinders their establishment of community with the whole group.
- I promise not to bring negative attitudes so that I can have a good time at Hoyleton Buddies.
- In the case of an emergency, accident or incident, I will contact my chaperone.
- I will be accountable to the adult chaperone(s) accompanying me and to any adults to which I am assigned.
- If I do not live by this covenant, I understand that I am subject to review by the event coordinator and chaperones concerning my further participation in this event.

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

Church Name/Town: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_