

Conduct Pledge

We want to remind each youth leader and student that we are representing Christ in Duluth. Therefore, our speech and conduct should be glorifying to God (I Tim. 4:12; Col. 3:17). Please discuss this page with your group before the conference. We are looking forward to the best District Blitz Conference ever and hope that you will be a part of making it happen! Your cooperation is vital and greatly appreciated.

Conduct Code

My model for conduct and attitudes is the Lord Jesus Christ.

I will observe all rules established by the conference directors and will follow the code given by my church.

- For my own safety sake, I will not leave the rally area unless given special permission by my Youth Pastor/Leader.
- I will attend all scheduled rallies and sit with my group.
- No excessive public display of affection
- Any free time given to me will be used wisely. I will, at all times, respect the property and safety of others.
- No members of the opposite sex are allowed in hotel rooms.

I will (in travel to and from the rally, and during the conference) avoid all questionable activity and things which would be offensive to Christ, my parents, my church, the rally and others.

Responsibility Pledge

My goal in attending is for spiritual growth and to enjoy and develop friendships. I accept the responsibility for my conduct at the District Blitz Conference.

I realize that my participation in questionable behavior will end my stay at the conference.

I understand that my parents/guardians will assume financial responsibility for property damage/loss caused by me and travel cost if I am asked to leave early (only after parents have been called).

My family and I will be praying that this conference will be an enriching experience for our entire youth group.

We have read and agree to follow the conduct code and responsibility pledge.

To sign, type your name here.

Student's Signature: _____ Date: _____

To sign, type your name here.

Parent's Signature: _____ Date: _____

Medical Release Form (student)

District Blitz Conference, April 17-19, 2026

Because of the increasing sophistication of our hospital systems, we have found it necessary to have signed parental release forms in the unlikely event of some serious injury requiring hospital treatment. Since many hospitals will not administer any medical treatment to a minor without some parental consent, this release form gives us permission to take your child to the nearest available medical facility and have the necessary medical treatment administered.

Parents/Guardians please read and sign the statement below. This provides permission to seek whatever medical attention may be necessary. It also releases North Central District of the Evangelical Free Church of America, Converge North Central, Trout Lake Camps, and / or the church's personnel from any liability against personal injury or loss.

We understand the arrangements and believe that necessary precautions and plans for the care and supervision of the child will be taken during this conference. Beyond this, we will not hold responsible North Central District of the Evangelical Free Church, Converge North Central, Trout Lake Camps, or any of the conference staff. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Student Ministries Conference leadership, staff or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this child in the event that such treatment is deemed necessary by the conference or church staff. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve the North Central District of the Evangelical Free Church, Converge North Central, Trout Lake Camps, and/or church personnel from liability in acting on my behalf in this regard, so long as they are not grossly negligent.

Name of Child: _____

To sign, type your name here.

Signature of Parent / Guardian: _____ Date: _____

Primary Phone: _____ Secondary Phone: _____

Insurance Company: _____ Policy Number: _____

If Parent / Guardian are not available, please call person below:

Name: _____ Relationship to Student _____

Primary Phone: _____ Secondary Phone: _____

May we administer over-the-counter medications? (e.g., aspirin, Tylenol, Advil, antibiotic ointments, etc.) _____

Additional comments regarding medical history, allergies, penicillin, drug reactions, use of over-the-counter medications, etc., that may be needed in treatment: _____