

# YOUTH REGISTRATION FORM

## The Bible Apps Retreat

### Stuff about you...

NAME \_\_\_\_\_ male \_\_\_ female \_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONGREGATION & TOWN \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_

**IF Ordering a T-Shirt** (additional \$15 cost) Circle size: SM MED L XL XXL XXXL

### Stuff from parents...

*(This section must be completed and signed by a parent or legal guardian)*

My son/daughter, \_\_\_\_\_, has my permission to participate in the Bible App Retreat, April 30- May 2, 2010 at Camp Kirchenwald, Colebrook, PA.

\_\_\_ I'd prefer that my child's photo NOT be used in any newsletters or on any Lutheran website.

#### **In case of emergency, contact me at:**

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL# \_\_\_\_\_

MY MEDICAL INSURANCE CARRIER IS:

\_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

LIST ALLERGIES:

\_\_\_\_\_

LIST ANY SPECIAL HEALTH ISSUES:

\_\_\_\_\_

PRESCRIPTION MEDS BEING TAKEN:

\_\_\_\_\_

While primary care for my child will be the responsibility of the congregational advisor, in the event I cannot be reached, I give permission to have my child treated in a medical facility as deemed necessary, and agree to be responsible for payment of such services. I agree to waive all rights and claims for damages that I or my spouse may have against either the Lutherans Reformed Organization or Camp Kirchenwald Staff and its agents, employees and any representatives for any and all injury, damage or losses sustained by the participant arising out of the Bible Apps Retreat. I have read, filled out and by my hand willingly placed my signature below, in acceptance of all information contained herein:

**Signature of parent/legal guardian:**

\_\_\_\_\_

**REGISTRATION POSTMARK DEADLINE: April 16<sup>th</sup>, 2010**