



YOUTH REGISTRATION FORM

Sex: (check one) Male Female

Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone (for emergency only): _____

Email: _____ Congregation/City: _____

Grade/Age (as of July 2020) _____ T-Shirt Size - Adult Sizes (check one) S M L XL XXL

I agree to participate and cooperate in every way at the 2020 Michigan District Senior High Youth Gathering.

Participant Signature _____

I hereby certify the participation of this registrant at the 2020 Michigan District Senior High Youth Gathering.

Pastor/Youth Director Signature _____

Known allergies/medical conditions: _____

Emergency Contact Name/Relationship and Phone Number: _____

FOR PARENTS/GUARDIANS OF YOUTH UNDER AGE 18:

I agree to the participation of _____ (youth's name) in the activities of the 2020 Michigan District Senior High Youth Gathering. I authorize the representatives of the Michigan District to consent to any needed medical or dental care necessary for the welfare of the above youth, and I/we do hereby release the Michigan District of The Lutheran Church – Missouri Synod, the congregation, and their respective representatives from and of any liability for injury. I also agree to support the representatives of the Michigan District should they deem it necessary to remove my youth from the Gathering for disciplinary reasons and to come to Mackinac Island to bring my youth home.

I authorize the Michigan District to obtain and use reasonable photographs, audio, and video of my child for purposes of District records, public relations, and/or advertising in print, video, and web media outlets. I understand that I will not be given creative control of images, nor will I or my child be compensated for image use.

Parent/Guardian Signature _____ Date _____

FOR YOUTH PARTICIPANTS OVER AGE 18:

I authorize the representatives of the Michigan District to consent to any needed medical or dental care necessary for my welfare and I do hereby release the Michigan District of The Lutheran Church – Missouri Synod, the congregation, and their respective representatives from and of any liability for injury. I also agree to support the representatives of the Michigan District should they deem it necessary to remove me from the Gathering for disciplinary reasons and understand the cost of such removal will be solely my responsibility.

I authorize the Michigan District to obtain and use reasonable photographs, audio, and video of me for purposes of District records, public relations, and/or advertising in print, video, and web media outlets. I understand that I will not be given creative control of images, nor will I be compensated for image use.

Participant Signature _____ Date _____

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