



2018 Chicago Mission Trip Registration Form

July 8-13, 2018

Return to Lands Lutheran (Attn: Ashley) with initial deposit by Dec. 16.

\$150 non-refundable deposit due at registration.

(Or you may split your deposit into 2 payments of \$75, the second due Feb. 1.)
If cost is at all an issue for you/your family, please talk to Ashley or Pastor, as cost will not keep you from attending.

Youth Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Current School Attending:	
Address:		City:		State:	Zip Code:
Date of Birth: ____/____/____		Lands Member:		Child Lives With: (check all that apply)	
Cell Phone:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested		<input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Current grade:	Student E-mail:			Tee-shirt size (adult): XS S M L XL XXL	

Parent/Guardian Information

Parent/Guardian Name(s):	Home phone:	Work phone:	Cell phone:
Address:	City:	State:	Zip Code:
E-mail:		Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/Guardian Name(s):	Home phone:	Work phone:	Cell phone:
Address: (if different than above)	City:	State:	Zip Code:
E-mail:		Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Emergency Contact Information (other than parent/guardian)

Emergency Contact Name:	Relationship:	Home Phone:	Cell Phone:
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Form continues on the reverse side...

Health Information

Doctor's Name:	Doctor's Office Phone:
Medical Insurance Company:	Policy Number:
Please indicate below any medical needs the staff should be aware of:	
<input type="checkbox"/> Allergies: (e.g. insects, foods, medications, etc.) If so, please explain...	
<input type="checkbox"/> Illness: (e.g. asthma, cold, flu, etc.) If so, please explain...	
<input type="checkbox"/> Physical restrictions, personality changes, mood swings, or depression over the past 6 months? If so, please explain...	
<input type="checkbox"/> Dietary restrictions:	

Promotional Release

Unless otherwise stated below, by signing this form I give permission for my child's photo to be released for publicity purposes without compensation.

Parental Release

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in the Lands Lutheran Church mission trip, related events and activities, and to be transported off-site with Lands Lutheran staff members or volunteers. In the event of an emergency and I cannot be reached, I give permission for the supervising Lands Lutheran staff member or to the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)

Parent/Guardian Signature:	Date:
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