



**2017 Youth Works Rosebud Mission Trip Registration Form**  
 July 9-14, 2017

Return to Lands Lutheran (Attn: Ashley) with initial deposit by Nov. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested	Child Lives With: (check all that apply)	
Cell Phone:			<input type="checkbox"/> Both parents	
Able to receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Father	
			<input type="checkbox"/> Mother	
Current grade:		Student E-mail:		Tee-shirt size (adult): XS S M L XL XXL
			<input type="checkbox"/> Other: _____	

**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:
<b>Please indicate below any medical needs the staff should be aware of:</b>	
<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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