

Saturday, July 20 – Wednesday, July 24 2019: YMCA of the Rockies  
Estes Park, Colorado



## Individual Registration Form

Please complete with blue or black ink

See back side for early bird discounts and chaperone costs

### Please Print

Name \_\_\_\_\_ Male Female (please circle)

Address \_\_\_\_\_

City, State/Prov., Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

High School Grad Year \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Church \_\_\_\_\_ Email \_\_\_\_\_

T-shirt Size S M L XL XXL V-Neck (Yes or No)

### Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### Health Insurance Information

Name of Insurance Company \_\_\_\_\_

Policy number(s) \_\_\_\_\_

Name on Insurance Policy \_\_\_\_\_

expense of my parents.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

## Medical History and Medications

This convention participant has/or is subject to: (Please check appropriate box(es) and briefly describe the condition, severity, and treatment of each. Attach separate sheet if necessary.)

Asthma  Diabetes  Seizures/Convulsions  
 Skin Problems  Fainting Spells  Contact Lens Wearer  
 Heart Trouble  High/Low Blood Pressure  Allergies (please specify all)

Other Health Concerns \_\_\_\_\_

Physician's Name and Phone Number \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_ Any significant changes? \_\_\_\_\_

### Medical/Liability Release (Must be signed by parent for those under 18)

I, \_\_\_\_\_ (or the parent/legal guardian of \_\_\_\_\_) authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed on myself (or my child) by a nearby medical facility as church staff and/or Lutheran Brethren Youth Convention staff deem necessary. I also understand that, if applicable, I (or my child) will be self-administering my (his/her) own documented medications during the convention under the orders of a personal doctor. I also give permission for a registered nurse to make available, under observation, Tylenol and ibuprofen to myself (or my child) should I (he/she) need it.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Convention Covenant

It is my intention to attend the 2019 National Lutheran Brethren Youth Convention. I agree to take part in all activities relating to this convention in a positive and responsible manner, for my own benefit and as an example to others. I will respect any and all rules of conduct given by the convention staff and the leaders of my church group, including travel to and from the convention site. I will value the property of the park and use all facilities responsibly and within guidelines both published and implied. I understand that use of tobacco products, alcoholic beverages, fireworks, and illicit drugs is prohibited, and such use is grounds for dismissal from the convention with travel home at my expense or the

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

## Liability Waiver

I, the parent, hereby acknowledge that I have voluntarily allowed my child listed above, to participate in the YC19 retreat, held at YMCA of the Rockies, Estes Park, CO. I understand that participation at this retreat may present hazards and exposures to risk or harm. I am aware of the risks inherent to this activity and I knowingly and willingly allow my child, listed above, to assume the risk of injury, including what might result from loss of control, collisions with other participants, and other obstacles, whether obvious or not obvious. I understand that any bodily injury, death, or loss of personal property and expenses as a result of these activities is my responsibility. As lawful consideration for my child being permitted to participate in this activity, I release from any legal liability, YC19 officers and leadership, the Church of the Lutheran Brethren, YMCA of the Rockies and any individual or agency whose property and scheduled activity may be required to be utilized in the activities provided

I further agree not to sue, claim against, attach the property of, or prosecute YC19 officers and leadership, the Church of the Lutheran Brethren and YMCA of the Rockies and any of their officers, members, affiliate organizations, agents and employees for any injury or death caused by participation in this activity. I agree to defend, indemnify and hold harmless YC19, Church of the Lutheran Brethren and YMCA of the Rockies and all their officers, members, affiliate organizations agents and employees for any injury or death caused by or resulting from my child's participation in this activity.

This contract shall be legally binding on me, my estate, heirs, assigns, legal guardians, and personal representatives. I have carefully read the above and fully understand its contents. I am aware that I am releasing certain legal rights and I may have, and I enter into this contract with my own free will.

Parental/Guardian  
signature\_\_\_\_\_

If you wish to **not permit** the intentional use of photographic images of your child, please sign and date the line blow

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### Registration Deadlines: (US Currency)

- Super Early bird - 1/24 - \$365
- Early bird - 3/24 - \$400
- Final Registration due 5/24 - \$430

**5/24 is the final day for registrations**

### When registering:

- Please include a \$50 deposit per registered student
- All Registration forms are due by 5/25
- If registering as a part of a CLBA church, please give this form to the leader of your group
- Please mail all paperwork to

North American Mission  
Church of the Lutheran Brethren  
1020 W. Alcott Ave  
Fergus Falls, MN 56537

### Chaperone details and cost are as follows:

- Bring one chaperone age 20 or older for \$325 for every 6 students
- Chaperone Registration as noted is valid until 5/23
- Any chaperones over and above the 1:6 ratio will cost the current student price

### Please Note:

- Bedding Provided
- Bring water bottle
- Bring towels
- Nurse provided on campus
- Praying for you already and we can't wait to see you