

**Individual Registration &
Emergency Medical Information Form**

(TO BE COMPLETED BY YOUTH AND ADULT PARTICIPANTS)

Church Code _____
Church _____
City _____

Name (First, Middle, Last) _____

Address _____

City _____ State _____ Zip _____

Male/Female _____ Date of Birth ____ / ____ / ____ Grade (circle) 9 10 11 12 Adult

E-mail _____

Parents' Names _____

Parents'/Guardians' Home Phone(s) _____

Parents'/Guardians' Work Phone(s) _____

Parents'/Guardians' Cell Phone Number(s) _____

Other contact person in case of emergency _____

Relationship to person _____ Phone number _____

Do you have any special needs? _____

Emergency and Health Information (if yes to any questions, please provide explanation and pertinent information) :

Do you have:

- Heart Condition? _____
- Diabetes? _____
- Other? _____

Allergies: _____

Are you subject to:

- Headaches? _____
- Seizures? _____
- Fainting? _____
- Sleep Walking? _____
- Activity induced asthma? _____
- Other? _____
- Are any drugs ineffective in treatment? _____

Do you have a reaction to:

- Bee stings? _____
- Penicillin? _____
- Other drugs? _____
- Poison Ivy, Oak, Sumac? _____
- Anything else? _____
- Any serious illness or surgery in the past 10 years? _____

Date of last Tetanus shot? _____

- Any condition that would prevent you from participating in activities? _____

- Sight or hearing impaired? __Glasses? __Contacts?

Please list all medications currently being used _____

Please indicate anything else that would be important for adult leaders to know in case of an emergency _____

I will participate fully in the GLORYbound Gathering and seek to help others do the same.

Participant's Signature _____

Date _____

Parent's/Guardian Signature (for those under 21) _____

Date _____

Medical and Liability Release Form RELEASE OF ALL CLAIMS

(TO BE COMPLETED BY ADULT PARTICIPANTS AND THE PARENTS/GUARDIANS OF YOUTH PARTICIPANTS)
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In consideration for participation in the 2008 LCMS Texas District High School Gathering, "GLORYbound," we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Texas District of the Lutheran Church Missouri Synod, the Lutheran Church-Missouri Synod and _____ (name of home congregation) and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging to this participant.

The undersigned further hereby agree to hold harmless and indemnify the above organizations, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(if the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical and/or dental treatment, including but not in limitation to emergency surgery or medical and/or dental treatment, and assume the responsibility of all medical/dental bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____ Parents, please initial if your home congregation and GLORYbound has permission to use pictures of your child in future promotional materials.

_____ Print full name of participant	Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.
_____ Parent(s)/Guardian(s) telephone	
_____ Alternate phone number (work/cell/etc.)	_____ date Father
Hospital Insurance _____ Yes _____ No Insurance Company: _____	_____ date Mother
_____ Policy Number	_____ date Legal Guardian
_____ Physician	_____ date Participant, if age 21 or older
_____ Physician's phone	