



TRINITY LUTHERAN CHURCH  
2012 ELCA NATIONAL YOUTH  
GATHERING  
JULY 18-22<sup>nd</sup>

**Youth Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Gender M F

Home address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Trinity Member: Y N If no, I am a friend of: \_\_\_\_\_

Roommate Requests: \_\_\_\_\_

2011-2012 Grade Level (please circle): 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> T-Shirt Size: XS S M L XL XXL

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information**

Medical Insurance \_\_\_ yes \_\_\_ no Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Youth Participant's Allergies: \_\_\_\_\_

Youth Participant's Dietary Needs: \_\_\_\_\_

Youth Participant's Current Medications: \_\_\_\_\_

Other special needs/info for adult leaders to be aware of: \_\_\_\_\_

\_\_\_\_\_

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## Parent/Guardian Consent

To whom it may concern:

The undersigned hereby give(s) permission for our (my) child, \_\_\_\_\_ to attend and participate in the National Youth Gathering in New Orleans with Trinity Lutheran Church July 18, through July 22, 2012 (granted there will be 1-2 days travel on each end).

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Attempts will be made to contact parents/guardians if the need for treatment arises.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Trinity Lutheran Church. While the group is in New Orleans, Coach buses arranged through the Gathering will be used to bring students to service sites.

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Legal Guardian Date

I am interested in serving as an Adult Leader for the Gathering \_\_\_\_\_  
(Name)

I am interested in serving on the Fundraising Team for the Gathering \_\_\_\_\_  
(Name)