

Lutheran Youth of Nebraska (LYON) Assembly Registration Form
Faith Over Fear
November 20 at Carol Joy Holling Camp near Ashland

Participants: *This form is to help your youth ministry leader collect information that will be used to complete the online registration for the LYON Assembly. Please print, complete and give this form to your youth ministry leader.*

Youth ministry leaders: *After registering online, please save this form & bring it with you to the LYON Assembly in case of emergency.*

Participant name (please print): _____

Congregation: _____

Congregation City: _____

I am a: _____ Youth _____ Adult

T-shirt size (all are adult sizes):

_____ Small _____ Medium _____ Large _____ X-Large _____ 2X-Large _____ 3X-Large

Emergency Contact Information:

Name: _____

Phone: _____

Do you have a medical condition that would prevent you from participating in any activity? yes no

If yes, please explain:

Allergies to food, medication, or environment:

Assembly Covenant:

As a participant in the 2021 LYON Assembly, I am part of a Christian community and will respect and care for those at the Assembly as siblings in Christ. For my own safety and care of others, I commit myself to abide by the following guidelines:

1. I will participate in all activities in a timely and cooperative manner and respect the youth and adult leaders in charge.
2. I will respect the property of Carol Joy Holling Camp and others and act appropriately.
3. I will stay onsite during the entire Assembly except to attend activities related to the Assembly.
4. I will abstain from use of alcohol or illegal drugs and inappropriate sexual activity.
5. I will not bring any weapons.

I understand that I may be sent home at my expense if I break this covenant.

Participant Signature _____ Date _____

OVER

PLEASE NOTE: This section is for Parent(s)/Guardian(s) of Youth Participants ONLY:

By signing this form, I acknowledge that I have reviewed the Covenant that my child has signed above. In addition, my child has permission to take part in all activities at the LYON Assembly, and I will not hold event planners or adult leaders responsible for accidents, claims and damages arising therefrom. I authorize event planners and adult leaders to obtain medical treatment for my child should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport. I also give event planners permission to use any photographs of my child taken at this event in future promotion of church-related youth programming.

Parent/Guardian: _____
Signature Date

PLEASE NOTE: This section is for Adult Participants ONLY:

I will not hold event planners or adult leaders responsible for accidents, claims and damages arising therefrom. I authorize event planners and adult leaders to obtain medical treatment for me should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport. I also give event planners permission to use any photographs of me taken at this event in future promotion of church-related youth programming.

Adult Participant: _____
Signature Date

Adult Participant Email: _____

Adult Participant Cell Phone: _____

Important Note:

Each ADULT participant must also complete a Volunteer Screening Form and return it by November 5 to Lisa Kramme at 6757 Newport Ave., Ste. 200, Omaha, NE 68152 OR lisakramme@nebraskasynod.org.