



PARTICIPANT REGISTRATION FORM

This form will help your youth ministry leader collect information that will be used to complete the online registration for the Journey and to use in case of emergency. Please print, complete and give this form to your youth ministry leader.

Name _____ Date of birth ___/___/___

Home Address _____ Cell Phone _____ Text OK? Y / N

City/State/Zip _____ E-mail _____

Congregation/City _____

I am: _____ Youth _____ Adult Gender: _____

Important Note: Each ADULT participant must also complete a Volunteer Screening Form.

T-shirt size (all adult sizes): _____ Small _____ Medium _____ Large _____ X-Large _____ 2X-Large _____ 3X-Large

Emergency Contact _____ Phone (____) _____

I agree to abide by the event covenant, which includes positive participation in the service learning projects, worship, small group and learning activities; abstinence from sexual activity, use of tobacco, alcohol, illegal drugs and weapons, and use of inappropriate language; respect for other participants and adult leaders; observance of lights out and care for the property of others. I also agree to abide by the limitations set by the adults in charge of the trip including but not limited to participation in activities as they are planned and not going outside the bounds of the work assigned to my group. If I break the covenant, I understand that I may be sent home at my expense and agree to pay for the return airline ticket (may exceed \$1,000).

Signature of participant _____

Please attach a copy of both sides of the participant's insurance card to this form.

MEDICAL INFORMATION

The following information may be needed by any hospital or practitioner not having access to your medical history:

Asthma: yes no If yes, do you carry an inhaler? _____

Allergies to medication _____

Allergies to bites or stings _____ If yes, what treatment do you use? _____

Allergies to food _____

Other allergies _____

Current medication being taken _____

For what? _____ How often? _____

Date of last tetanus shot _____

Family Physician _____ Phone # _____

Physical disability or other special need(s) _____

Other pertinent facts to which the physician should be alerted _____

I authorize Heidi Price, Pastor Chad Rademacher, Amy Wagner, Amy Woods or any of the adult leaders of the Nebraska Synod Journey to obtain medical treatment for my child/me should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport.

Name (print) _____ Date of birth ___/___/___

Youth Participant's Parent/Guardian Signature _____ Date _____

OR Adult Participant's Signature _____ Date _____

RELEASE FROM LIABILITY/PHOTO RELEASE

I release the Nebraska Synod, its representatives, Windstar Lines, our housing and activity sites and all entities served during the 2023 Nebraska Synod Journey from liability in the event of injury, accidental death or illness. I also understand that the Nebraska Synod is not responsible for loss of or damage to any personal items I choose to bring on the trip. I also give event planners permission to use any photographs of me taken at this event in future promotion of church-related youth programming.

Name (print) _____

Youth Participant's Parent/Guardian Signature _____ Date _____

OR Adult Participant's Signature _____ Date _____

YOUTH VOLUNTEER OPPORTUNITIES (optional)

We need some youth volunteers to help make this week run smoothly. Please indicate if you are interested in helping in any of these ways.

Worship leader Yes: _____

Peer minister Yes: _____

Communications team Yes: _____

I would like to help in this other way: _____

ADULT VOLUNTEER OPPORTUNITIES (optional)

We need some adult volunteers to help make this week run smoothly. Please indicate if you are interested in helping in these ways.

Bus leader Yes: _____

Write devotions Yes: _____

Plan/lead large group activities Yes: _____

I would like to help in this other way: _____