

Individual Registration Form

Registrant Section

Last _____ First _____ MI _____			Date of Birth _____		O Male	O Female
Street _____			Home Phone _____		Cell Phone _____	
City _____	ST _____	Zip _____	Registrant E-mail Address _____			
T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL			<input type="checkbox"/> Infant (0-1) <input type="checkbox"/> Toddler (2-4) <input type="checkbox"/> Child (5-11) <input type="checkbox"/> Youth (12-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21+) <input type="checkbox"/> Pastor			
<input type="checkbox"/> I intend to receive the Lord's Supper at the Divine Service.			Indicate above which age group the Registrant will be at the time of the conference.			
<input type="checkbox"/> I have attended a Higher Things conference before.						
<input type="checkbox"/> I have a disability/medical conditions/dietary or special need:						

(Please only include special needs that affect housing assignments and/or dietary requirements. Other special needs should be discussed with your Group Leader and chaperones.)

Group Church Name _____		Church Phone _____	Group Leader's Name _____
Street _____	City/ST _____	Zip _____	Pastor's Name _____

Parent/Guardian Section (required for minor youth participants only)

First _____ Last _____		Home Phone _____	Parent's Cell Phone _____
Address (if different from above.) _____		City _____	ST _____ Zip _____
		Parent's E-mail Address _____	

I grant permission for my minor child, named above on this form as "Registrant," to attend the Higher Things youth conference in Fort Collins, CO (June 29-July 2, 2020); Maryville, MO (July 7-10, 2020); Knoxville, TN (July 14-17, 2020); or Grand Rapids, MI (July 21-24, 2020). I assume all responsibility and liability for injury to said minor while at the Higher Things conference. I also give Higher Things, Inc. permission to use any still, audio, and/or video images of my child in conference publicity and news releases.

Parent's Signature _____	Date _____
--------------------------	------------

Pastor Section

- ☐ I have reviewed this form and approve this individual's registration.
- ☐ This individual is a communicant Lutheran in fellowship with the LCMS and may partake in the Lord's Supper.
If this individual may not receive the Lord's Supper, please discuss the matter with the registrant prior to the conference.

Pastor's Signature _____	Date _____
--------------------------	------------

Group Leader Section

- ☐ I have reviewed this form and have verified that the information contained in it is correct.

Group Leader's Signature _____	Date _____
--------------------------------	------------

*The Group Leader should retain the originals of their group's **INDIVIDUAL REGISTRATION FORMS**. In case of an emergency at the conference, both the **INDIVIDUAL REGISTRATION FORM** and any appropriate and signed **MEDICAL RELEASE FORM** should be readily accessible to the Group Leader.*

Medical Release/History Form

Registrant

Child/Dependent's Name		Date of Birth	
Address	City	State	Zip
Home Phone	Cell Phone		
Parent/Guardian Name	Email of parent/guardian		
Work Phone	Cell phone		
Physician's Name	Physician's Phone number		

Emergency Contact (if listed parent/guardian is unavailable)

Name	Relationship to Child	Phone
Address	City	State

Health History

Known Medical Problems: _____

Medications to be taken with directions: _____

Medication Allergies: _____

History of Asthma?	Y	N	History of seizures?	Y	N
--------------------	---	---	----------------------	---	---

History of heart problems?	Y	N	If yes, nature of problem:	_____
----------------------------	---	---	----------------------------	-------

May be given as necessary:	Last Tetanus shot (Td):	_____
----------------------------	-------------------------	-------

Tylenol	Y	N
---------	---	---

Ibuprofen	Y	N
-----------	---	---

Health Insurance Company: _____

Group Number: _____ ID Number: _____

I hereby give my consent in advance to the designated leaders of _____ and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that the leaders of this activity will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I specifically release the leadership of this activity from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Signature of Parent/Guardian	Date	Signature of non-related adult witness	Date
------------------------------	------	--	------