

June 2-7, 2024 Youth Trip – Youth Registration Form

Participant's Name: _____ Male _____ Female

Street Address: _____ City: _____ State: _____ Zip Code: _____

Participant's Phone Number: _____

Participant's Email Address: _____

Age: _____ Grade completed as of May 2024: _____ T-shirt size: _____

Any specific needs/allergies the trip organizers need to be aware of? _____

Parent's Name(s): _____

Parent's Phone Number(s): _____

Parent's Email Address(s): _____

Emergency Contact Name: _____

Emergency Contact Relationship to Participant: _____

Emergency Contact Phone Number: _____

Name of Church participant attends: _____

Pastor's Name: _____

Name of chaperone traveling with group: _____

I grant permission for my minor child, named above on this form as "Participant" to attend the Kentucky Trip. I assume all responsibility and liability for injury to said minor while on the trip. I also give Mount Calvary Lutheran Church permission to use any still, audio, and/or video images of my child in publicity and news releases.

Please include a copy of the participant's health insurance card when submitting the registration form.

Parent/Guardian Signature _____ Date _____

Please return completed form with \$250 deposit (checks payable to Mt. Calvary LYF) to Mount Calvary Lutheran Church, 629 9th Avenue, Brookings, SD 57006.