



Hosanna! Youth Ministries

EIGHTH GRADE RETREAT

VELOCITY

[May 5th, 2018]

Please complete this registration form and return it to the Hosanna! Church office **NO LATER THAN Sunday, April 29th, 2018.**

General Registration Information (one person per form please):

Name: _____

Age: _____ Grade: _____

Address: _____

Parent Email Address: _____

Parent Cell Phone: _____ Student Cell Phone: _____

Emergency Contact and Phone Number: _____

Allergies or Dietary Needs: _____

Medications: _____

Participation Consent:

I hereby certify that I give permission for the individual listed above to participate in the Eighth Grade Retreat with Hosanna! Lutheran Church during the dates described above. I give permission to participate in all trip activities. The participant listed above has been instructed to cooperate with church leaders and adult volunteers and knows that failure to abide by established rules may result in removal from certain activities and, in some cases, being sent home at our expense. I consent to allow appropriate photographic and/or video images to be taken and used to promote future events or activities by Hosanna! Lutheran Church. I also agree to hold Hosanna! Lutheran Church or any directors, employees, or volunteers connected to the trip harmless of any liability related to participation in event activities. By signing this form, I authorize the assigned leaders (whether staff or volunteer) of Hosanna! Lutheran Church, or another designated person, to make decisions in their best judgment regarding any and all medical care. It is understood that effort shall be made to contact the undersigned prior to rendering emergency treatment, but that treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date