

EAST CENTRAL SYNOD OF WISCONSIN YOUTH GATHERING REGISTRATION & COVENANT FORM

ALL PARTICIPANTS PLEASE COMPLETE IN FULL

Participant Information

Participant Name: _____

Gender: _____ Youth/Adult: _____

Birthdate: ____/____/____ Age: _____

Parents or Legal Guardians: _____

Phone Number: (____) _____ primary
(____) _____ secondary

Participants Address: _____
Street
City _____ State _____ Zip _____

Church / City _____ / _____

Phone (____) _____

Head Chaperone _____

The Gathering Covenant

As the youth and adults of the East Central Synod of Wisconsin we covenant to live in Christian community for this period of time. The following elements are mandatory for all participants to follow during our time together. Please review and sign.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none">1) Use or consumption of alcohol, tobacco, or other drugs during the Gathering is prohibited. Offenders will be sent home at their expense.2) Housing is five youth and one adult per room. Participants and/or churches are responsible for any damage and/or other bills associated with or incurred by the participants assigned to the room.3) No inner hotel phone calls after 12:30 a.m. unless an emergency.4) Our ACTIONS will speak louder than our WORDS. Do onto others as Christ would do onto you. Respect hotel staff, grounds, each other, and other guests.5) Attend large group sessions, tracts, and conference meetings. These are for the benefit of all participants, youth and adult alike. | <ol style="list-style-type: none">6) Live, Grow, and Expand in Christ over this period of time. Following the example of Christ will help us all and learning of Him will help us all. Use small group time to study the Word and theme. Share with others and come together as a family of believers.7) Display appropriate dress throughout the Gathering and functions associated with this event.8) Lift each other up in prayer and thoughtful actions. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- _____
Signature of Participant date: _____
- _____
Signature of Parent or Legal Guardian date: _____
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EAST CENTRAL SYNOD OF WISCONSIN YOUTH GATHERING Housing Form

City/Town

Congregation

Head Chaperone (for entire delegation)

Instructions

Please print or type the name of each participant according to counselor group and gender group. **All groups must have one adult chaperone (21 years or older*) for each group of five youth of the same gender.** You may share adult chaperones with other groups (i.e. 2 male youth from church X and three male youth from church Y with one adult chaperone from church X). It is the responsibility of Head Chaperones to arrange "chaperone sharing" and these groups should register together as one group on one Gathering Housing Form. Housing is five youth and one adult per room hence, groups should plan on bringing sleeping bags, pillows, and other assorted sleeping needs as the hotel will not have enough bedding for everyone. Cots are not available.

* If a chaperone older than 21 is not available, please contact the co-chairpersons of the Youth Board to discuss alternative options that may be available to your group.

ATTENTION: Address, Email, and Phone info should be where the Head Chaperone wants confirmation info sent to and can be reached easily with questions.

Head Chaperone:	_____
Address:	_____
	Street

	City State Zip
Phone:	(____) _____
Email:	_____
Housing Group	Gender/Age
Adult Chaperone <small>(if different than Head Chaperone)</small>	(__ / __)
Youth Participant	(__ / __)
	(__ / __)
	(__ / __)
	(__ / __)
	(__ / __)

EAST CENTRAL SYNOD OF WISCONSIN YOUTH GATHERING YOUTH MEDICAL RELEASE & CONSENT FORM

One copy gets returned with your registration for Synod Youth Board Staff.
Church sponsors must bring/keep a copy with them at the Gathering.

ALL PARTICIPANTS SHOULD PHOTOCOPY INSURANCE CARDS AND INCLUDE WITH THIS FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE () _____

NAME OF PARENT(S): _____

NAME OF PHYSICIAN: _____

INSURANCE COMPANY: _____

POLICYNUMBER: _____

FATHER EMPLOYED AT: _____ PHONE () _____

MOTHER EMPLOYED AT: _____ PHONE () _____

If parents are not available in an emergency contact:

NAME: _____ PHONE () _____

ADDRESS: _____

CITY: _____

RELATIONSHIP TO PARTICIPANT: _____

CHILD IS ALLERGIC TO: _____

MEDICAL INFORMATION:

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (include dosages)

HEALTH HISTORY (LAST TETUS SHOT, ETC.)

Dear Parent or Guardian, This form will be presented to the hospital and attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance cards.	
Parent/Guardian name _____	"I hereby authorize the treatment, administration of anesthesia and surgical treatment for my child _____ in the event of medical emergency occurring during my absence or when hospital or medical personnel can not contact me. This authorization extends to all medical facilities and personnel regardless of setting and/or facility in the treatment of my minor child.
Signature of Parent/Guardian _____	Date: _____
Signature of Witness _____	Date: _____

EAST CENTRAL SYNOD OF WISCONSIN YOUTH GATHERING
ADULT MEDICAL RELEASE & CONSENT FORM

One copy gets returned with your registration for Synod Youth Board Staff.
Church sponsors must bring/keep a copy with them at the Gathering.

ALL PARTICIPANTS SHOULD PHOTOCOPY INSURANCE CARDS AND INCLUDE WITH THIS FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE () _____

NAME OF PHYSICIAN: _____

INSURANCE COMPANY: _____

POLICYNUMBER: _____

EMERGENCY CONTACT INFO

NAME: _____ RELATIONSHIP: _____

PHONE () _____ primary PHONE: () _____ secondary

ALLERGIES: _____

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (include dosages)

HEALTH HISTORY (LAST TETUS SHOT, ETC.)

This form will be presented to the hospital and attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance cards.

I hereby authorize the treatment, administration of anesthesia and surgical treatment for myself _____ in the event of medical emergency occurring when I can not respond for myself due to injury, accident, or illness. This authorization extends to all medical facilities and personnel regardless of setting and/or facility in the treatment of myself if I am incapacitated to respond my direct wishes for medical treatment.

Signature of Parent/Guardian _____ Date: _____

Signature of Witness _____ Date: _____