

DELAWARE-MARYLAND SYNOD, ELCA

DELAWARE-MARYLAND SYNOD YOUTH EVENT INDIVIDUAL REGISTRATION FORM

please print all information

Church name	Church location				
I am registering for I am	☐ FreeRide ☐ a youth	☐ Ro	oadTrip □ an adult leader	☐ Transformers ☐ event staff	
Name			Nickname?		
Parent/guardian names _					
Street					
City		State _		Zip	
Home phone		Age	Grade	Gender	
Your email					
Parent/guardian email					
T-shirt size (adult sizes):		M DL	□ XL □ 2XL	□3XL	
Any special needs, allergi	ies, medical issu	es, or dietary restricti	ons:		
EMERGENCY CONTACT INFORMATION					
Name			Relationship	Relationship	
Home phone (Cell phone		
	of the other parti			vent form a community in Christ, gree that I will	
• be on time and at	tend all small/larg	ge group sessions	• respect the host prope	erty	
abide by the room assignments and curfews			be supportive and helpfulparticipate in the programs		
 refrain from sexual activity and use of illegal substances respect the Event staff, host staff, and employees have a great time and try to make sure others do too! 			 be courteous and respectful of everyone 		
I agree to waive any and a and its representatives for event. I also allow for my i the mission of our synod a	Il rights and claim any and all injury mage to be taken and these Youth E used for commur	s for damages that I or damage, or loss susta in photography and/or vents. I allow my contac nication on behalf of the	ined by the participant arist video for promotional and tinformation to be added	nst the Delaware-Maryland Synod sing directly or indirectly out of the d social media outlets to further I to our synod database and od only. I understand that my	
	of these promises	. I will try my best to be	_	so accept that there will be conse- nises I now make and help others in	
Participant's signature		Pa	arent/Guardian signature (if under 18)	