

# Youth Form

## NJ Synod Youth Ministry Event Registration

Check the appropriate Event:	event dates	event cost	reg. deadline
<input type="checkbox"/> <b>Sr. High Servant Trip</b> <i>Called to Serve</i>	Nov. 7-10, 07	\$65/\$80*	10/15/07
<input type="checkbox"/> <b>Ground Zero</b> <i>(Sr High)</i>	Nov. 10-11, 07	\$25/\$35*	10/30/07
<input type="checkbox"/> <b>Jr High Retreat</b> <i>Among the Wolves</i>	Nov. 16-18, 07	\$95/\$105*	10/30/07
<input type="checkbox"/> <b>Sr High Retreat</b> <i>Winter Youth Assembly</i>	Feb. 8-10, 08	\$95/\$105*	1/22/08
<input type="checkbox"/> <b>Youth CONVO</b> <i>(Sr High)</i>	June 5-7, 08	\$120 /\$135*	5/14/08

\*late registration cost

Registration forms for all NJ Synod youth ministry events are available in the Support Packets, from the Synod Office @ 609-586-6800 or on our website: [www.njsynod.org/youth](http://www.njsynod.org/youth) at least 2 months prior to each event.

Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Current Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ T-shirt size \_\_\_\_\_  
 Home Congregation \_\_\_\_\_

name \_\_\_\_\_ city/town \_\_\_\_\_  
 By this signature I agree to abide by the stated expectations of this event (listed below). Special needs (language, accessibility, food, etc.): \_\_\_\_\_

\_\_\_\_\_  
 signature of participant

Mail completed form and check (made out to: New Jersey Synod) to:  
 New Jersey Synod, (event name),  
 1930 State Highway 33, Hamilton Square, NJ 08690

### Participant Expectations

**This New Jersey Synod event is an intentional Christian community. In such a community, the behavior of all participants reflects the faith we share in Jesus Christ our Lord.**

Therefore, it is expected that:

1. For reasons of continuity and group-building, all participants are needed for the entire event. Therefore, no one will be allowed to attend only a portion of the event.
2. For reasons of safety and accountability to parents, participants will remain throughout the event, and the event leaders will be advised if leaving the site becomes necessary.
3. All registrants - both youth and adults - will participate fully in all activities at the event.
4. Absolutely no alcohol or other drugs (other than prescribed medication) will be brought to or used at the event.
5. Stereos, TVs, etc. WILL NOT be brought to the event (walkmans are o.k.).
6. Lutherans throughout New Jersey will be proud of the way in which our community represented them.

Parent/Guardian Consent Form

Jr High Retreat     Ground Zero  
 Sr High Retreat     Sr High Servant  
 Sr High Retreat     Youth CONVO

\_\_\_\_\_  
 (name of participant)

In the event that I cannot give authorization in person, I hereby give authorization to the adult leaders of the above indicated New Jersey Synod Event to seek emergency medical treatment for the above-named youth. This authorization is valid for the dates of the event.

I also grant the Synod & ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Medical Insurance Carrier*

\_\_\_\_\_  
*Name of Subscriber*

\_\_\_\_\_  
*Company and Policy #*

**THIS FORM MUST BE INCLUDED WITH THE REGISTRATION FORM!**