

# Individual Registration Form

Higher Things®

## Registrant Section

\_\_\_\_\_  
Last First MI Date of Birth O Male O Female

\_\_\_\_\_  
Street Home Phone Cell Phone

\_\_\_\_\_  
City ST Zip Registrant E-mail Address

- T-shirt size: S / M / L / XL / 2XL / 3XL  
 I have attended a Higher Things Conference before  
 I would like to sing in the conference choir. Part: S / A / T / B  
 I have a disability/medical conditions/dietary or special need:
- I would like to play in the conference orchestra: \_\_\_\_\_  
 Infant (0-1)  Toddler (2-4)  Child (5-10)  Youth (12-17)  
 Young Adult (18-20)  Adult (21+)  Pastor  
*Indicate above which age group the Registrant will be at the time of the conference.*

*(Please only include special needs that affect housing assignments and/or dietary requirements. Other special needs should be discussed with your Group Leader and chaperones.)*

\_\_\_\_\_  
Group Church Name Church Phone Group Leader's Name

\_\_\_\_\_  
Street City/ST Zip Pastor's Name

## Parent/Guardian Section (required for minor youth participants only)

\_\_\_\_\_  
First Last Home Phone Parent's Cell Phone

\_\_\_\_\_  
Address (if different from above.) City ST Zip Parent's E-mail Address

I grant permission for my minor child, named above on this form as "Registrant," to attend the Higher Things Retreat in \_\_\_\_\_, I assume all responsibility and liability for injury to said minor while at the Higher Things. I also give Higher Things, Inc. permission to use any still, audio, and/or video images of my child in publicity and news releases.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Pastor Section

- I have reviewed this form and approve this individual's registration.  
 This individual is a communicant Lutheran in fellowship with the LCMS and may partake in the Lord's Supper if available.  
*If this individual may not receive the Lord's Supper, please discuss the matter with the registrant prior to the retreat.*

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

## Group Leader Section

- I have reviewed this form and have verified that the information contained in it is correct.

\_\_\_\_\_  
Group Leader's Signature

\_\_\_\_\_  
Date

*The Group Leader should retain the originals of their group's **INDIVIDUAL REGISTRATION FORMS**.  
In case of an emergency at the , both the **INDIVIDUAL REGISTRATION FORM** and any appropriate and signed **MEDICAL RELEASE FORM** should be readily accessible to the Group Leader.*

# Sample Medical Release/History Form

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## Registrant

Child/Dependent's Name		Date of Birth	
Address	City	State	Zip
Home Phone	Cell Phone		
Parent/Guardian Name	Email of parent/guardian		
Work Phone	Cell phone		
Physician's Name	Physician's Phone number		

## Emergency Contact (if listed parent/guardian is unavailable)

Name	Relationship to Child	Phone
Address	City	State

## Health History

Known Medical Problems: \_\_\_\_\_

Medications to be taken with directions: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

History of Asthma?                      Y              N              History of seizures?                      Y              N

History of heart problems?              Y              N              If yes, nature of problem: \_\_\_\_\_

May be given as necessary:                      Last Tetanus shot (Td): \_\_\_\_\_

Tylenol                      Y              N

Ibuprofen                      Y              N

Health Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

I hereby give my consent in advance to the designated leaders of \_\_\_\_\_ and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that the leaders of this activity will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I specifically release the leadership of this activity from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of non-related adult witness \_\_\_\_\_ Date \_\_\_\_\_