

Jr. High Youth Gathering Extreme Makeover:

CHRIST EDITION



November 10-12, 2006
WESTIN PARK CENTRAL (Dallas, Texas)

\$130.00

(includes programs, hotel, meals, and t-shirt)

DEPOSIT OF \$65 DUE ON SEPTEMBER 27

The Jr. High Gathering is for ANY youth in Grades 7& 8. The event includes Small Group Activities, Church Fellowship Time, Songs, Games, Meaningful Worship Experiences, a Dance, & More! We are honored to have Kari Lyn Wampler with us as our KEYNOTE SPEAKER for the weekend.

Female Male
 Youth Sponsor

NAME _____ CHURCH/CITY: CALVARY LUTHERAN, FT. WORTH

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE#: _____

EMERGENCY CONTACT & PHONE #: _____

BIRTHDATE _____ GRADE _____ EMAIL (SPONSORS ONLY): _____

T-SHIRT SIZE (please circle one) S M L XL 2X 3X (Sorry, no YOUTH sizes are available)

PARTICIPANT'S COVENANT: As a registered participant for this event, I will do everything in my power to help meaningful worship, sincere fellowship, and spiritual growth take place. I will not use illegal drugs or alcohol. I will abide by the rules of the hotel & event. I will also participate fully in the life of the event, honor the time commitments, and respect the rights of others. I understand the failure to honor this covenant will be addressed by the event staff, and that illegal activity will result in my being sent home immediately.

PARTICIPANT SIGNATURE: _____

PARENT'S COVENANT: I have read and discussed the materials with my daughter/son, and I recommend and support his/her attendance.

PARENT SIGNATURE: _____

MEDICAL INFORMATION: In the event of acute illness or any other medical emergency, I grant permission to the Lutheran Youth Gathering staff to secure medical aid for _____ (name of participant). I also grant to any licensed medical aid the permission to give my son/daughter whatever emergency medical treatment that is required. I understand that I am responsible for any costs incurred.

Signature of Parent/Guardian: _____

Please Supply All Pertinent Information:

Family Physician and Phone #:

Known Allergies:

Known Medical Problems:

Medications:

Guarantor Insurance Company:

Address:

Phone #:

Policy #:

Group #: