

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

(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
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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
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Group Leader Section

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

Group Leader's Signature	Date
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*The Group Leader should retain the originals of their group's **INDIVIDUAL REGISTRATION FORMS.**
In case of an emergency at the conference, 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

Beyond Reasonable Doubt 2023 Conferences

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
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History of heart problems?	Y	N	If yes, nature of problem:	_____
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May be given as necessary:		Last Tetanus shot (Td):	_____
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Tylenol	Y	N
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Ibuprofen	Y	N
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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 _____
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