



Who Am I

Higher Things Conferences 2024

Forms

Individual Registration Form

Higher Things®

Registrant Section

Last First MI Date of Birth Male Female

Street Home Phone Cell Phone

City ST Zip Registrant E-mail Address

- T-shirt size: S / M / L / XL / 2XL / 3XL I would like to play in the orchestra. Instrument: _____
- I have attended a Higher Things Conference before. Infant (0-1) Toddler (2-4) Child (5-10) Youth (11-17)
- I would like to sing in the conference choir. Part: S / A / T / B Young Adult (18-20) Adult (21+) Pastor
- I have a disability/medical conditions/dietary or special need: *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 Conference 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 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

Who Am I 2024 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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