

# Individual Registration Form

Dying Church Rising Hope 2026 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.  I would like to play the organ for a hymn during a service.
- I would like to sing in the conference choir. Part: S / A / T / B High School Graduation Year: \_\_\_\_\_
- I have a disability/medical conditions/dietary or special need: *Indicate the high school graduation year for all attendees 11-20 years old.*

*(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 conference.*

\_\_\_\_\_  
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.*