Individual Registration Form

Torah 2027 Higher Things®

Attendee Section

Last First MI Date of Birth

□ Female
□ Male

Street Address Home Phone Cell Phone

City State Zip Registrant Email 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 would like to play in the orchestra. Instrument:_____

□ I would like to play the organ for a hymn during a service.

Select registrant age group l in at the time of the conference.

□ Infant (0-1) □ Toddler (2-4) □ Child (5-10) □ Youth (11-17)
□ Young Adult (18-20) □ Adult (21+)

High School Graduation Year (if youth or young adult): _____

□ I have a disability/medical conditions/dietary or special need affecting housing assignments/ and or dietary requirements:

_____

Your registration includes weekly access to Higher Things High School Bible Studies for the 2027-2028 School Year.
□ I want to receive my 2027-2028 High School Bible Study subscription every week via email.
□ I want to access the 2027-2028 High School Bible Study subscription through the Higher Things website.

□ **Concordia University System Information Sharing Consent**

I voluntarily authorize Higher Things to share the registrant's name, email address, mailing address, and anticipated high school graduation year with the colleges and universities of the Concordia University System. I understand that these institutions may use this information to contact the registrant about educational opportunities, admissions, scholarships, and related programs.

If the registrant is under 18, I confirm that I am either:
The registrant's parent or legal guardian; or
The registrant's group leader and have obtained the express permission of the registrant's parent or legal guardian to share the registrant's information as described above.
Checking this box is optional and is not required to register for or attend a Higher Things conference.

Church Name Church Phone Number

Street Address City/State Zip

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

First Last Home Phone Cell Phone

Street Address (if different from above) Email Address

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

_____ _____
Parent/Guardian'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 Name 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

Torah 2027 Higher Things®

Attendee

Child/Dependent's Name | Date of Birth

Street Address | City | State | Zip

Home Phone | Cell Phone

Parent/Guardian's 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 | Cell Phone

Street Address | City/State | Zip

Health History

Known Medical Problems: _____

Medications to be taken with directions: _____

Medications Allergies: _____

History of Asthma? Y N

History of heart problems? Y N

History of seizures? Y N

If yes, nature of problem: _____

Last Tetanus shot (Td): _____

May be given as necessary:

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