

# VIRGINIA SYNOD SEVENTH DAY - MARCH 3-4, 2012

## YOUTH AND ADULT REGISTRATION FORM

Registrations must be accompanied by the \$115 registration fee (DISCOUNT: \$105 per person if mailed by Feb. 6, 2012). Starting Feb. 20<sup>th</sup>, 2012 please contact Synod Youth Director Dave Delaney (540-389-1000 / 540-529-6893 / [delaney@vasynod.org](mailto:delaney@vasynod.org)) before sending in registration materials.

**YOU MUST FILL IN THIS ENTIRE FORM FOR YOUR REGISTRATION TO BE COMPLETE!**

**1** Check one: \_\_\_\_\_ Youth participant      \_\_\_\_\_ Adult participant Please check here if you are on the Seventh Day Planning Group \_\_\_\_\_

**2** Check one: \_\_\_\_\_ Male      \_\_\_\_\_ Female

**3** \_\_\_\_\_ ← YOUTH: WHAT GRADE IN SCHOOL ARE YOU IN THIS YEAR?

**4** PARTICIPANT NAME: \_\_\_\_\_

**5** ADDRESS: \_\_\_\_\_

**6** PHONE: (\_\_\_\_\_) \_\_\_\_\_

**7** E-MAIL ADDRESS: \_\_\_\_\_

**8** CONGREGATION NAME: \_\_\_\_\_

**9** CONGREGATION LOCATION: \_\_\_\_\_

**10** PASTOR'S NAME (or congregation president or youth advisor if you are without a pastor): \_\_\_\_\_

**11** YOUTH: NAME OF THE ADULT ADVISOR FROM YOUR CONGREGATION WHO IS COMING WITH YOU TO THE EVENT: \_\_\_\_\_

**12** "By this signature, I agree to abide by the stated expectations of this event." ALL PARTICIPANTS MUST SIGN! **13**

→→→ \_\_\_\_\_  
(← see the expectations for Seventh Day on the opposite page)

**14** **ADULTS!** Check if you would be willing to . . .  
 . . . be the "Lead Shepherd" for a group at the event (no prep required)  
 . . . help as an extra adult in one of the activity modules at the event (music, craft and construction, interactive story, movement)  
*All other adults will be in groups as "assistant shepherds." All adults pay the full event fee.*

**15** Other notes or instructions for the event registrar:

**CIRCLE YOUR T - SHIRT SIZE !!!!!!!!!!!**  
-Youth medium  
-Youth large  
-Adult small-  
-Adult medium-  
-Adult large-  
-Adult XL-  
-Adult XXL-  
-or-  
No shirt, thanks

RETURN this completed form and the registration fee to:  
Seventh Day Registrar, PO Box 70, Salem VA 24153

**16** ..... BE SURE TO FILL OUT BOTH SIDES OF THIS FORM! →

**PERMISSION AND MEDICAL FORM**

**THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS. FOR THOSE UNDER 18, A PARENT / GUARDIAN SIGNATURE IS REQUIRED**

Name of Participant: \_\_\_\_\_

Participant's Date of Birth (mo/day/yr): \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy / Contract Number: \_\_\_\_\_

Allergies / Disabilities / Special Medical Conditions, Food Needs, or other concerns of which event leaders should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Medications you are taking: \_\_\_\_\_

I give permission to be treated if I am unable to answer: (please sign): \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_

Nighttime phone: (\_\_\_\_\_) \_\_\_\_\_

Other phone: (\_\_\_\_\_) \_\_\_\_\_

Secondary Contact person:    Name: \_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_

Nighttime phone: (\_\_\_\_\_) \_\_\_\_\_

Other phone: (\_\_\_\_\_) \_\_\_\_\_

**Parents/guardians of participants under 18 must complete this section:**

- (Name of Youth) \_\_\_\_\_ has my permission to participate in Virginia Synod Seventh Day at Eagle Eyrie Retreat Center in Lynchburg VA, March 3-4, 2012.
- I have read and understood the stated expectations for Seventh Day and will support event leaders in administration of these event expectations.
- In the event I cannot be reached at the numbers above, I give permission to have the above participant treated at an appropriate medical facility as deemed necessary.

\_\_\_\_\_  
(signature of parent / guardian)

\_\_\_\_\_  
(Date)