



Leadership Now: Spiritual Formation with Youth

Justice Summit - Registration Form

Jan. 6-8, 2012

On the campus of Lancaster Theological Seminary

Lodging is provided on campus in our Richards Hall semi-private rooms (toilet and shower room is shared with another room.) Linens and towels are provided.

1. Complete

Name: _____ Phone: _____

Address: _____

E-mail: _____ Birth date: _____

Full Church name/ Address: _____

_____ City/State: _____

Pastor: _____

Name of Parent/Guardian: _____

Emergency Contact #: _____

Any special needs for your
food/lodging/other? _____

2. Enclose Participant Fee: \$75.00 - make checks payable to "Lancaster Theological Seminary"

3. Return to:

Lancaster Theological Seminary -- Attn: Megan Malick
555 West James Street, Lancaster, PA 17603

Questions? Contact: 717-290-8758 or abupp@lancasterseminary.edu

**See Other Side for
Parental Consent
(necessary if you're
under 18.)**



**PARENTAL CONSENT FOR THOSE UNDER 18 YEARS OF AGE
LANCASTER THEOLOGICAL SEMINARY
Justice Summit Jan. 6-8, 2012**

Instructions: Complete form and sign

I, _____, residing at _____
(address), certify that I am the parent or guardian of _____,
residing at _____, who is now _____ years of age and who is
hereinafter referred to as the "Minor."

I consent to the Minor's participation in the Leadership Now Justice Summit sponsored by Lancaster Theological Seminary in Lancaster, PA, from January 6-8, 2012. I consent to the supervision and control of the Minor by Directors Kathy Harvey Nelson & Megan Malick, appointed by the seminary for Leadership Now and the Retreat.

I authorize and consent to any diagnostic examinations, administration of anesthetics, medical and surgical treatment, or hospital care required to be rendered to _____ (Minor) under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

Date: _____

Signature of parent or guardian

Printed or typed name

Telephone number



Youth (under 18) Medical Release Form
Leadership Now
Lancaster Theological Seminary

Biographical Information

Name of youth: _____ Birth date: _____

Address: _____

Phone Number: _____ Name of Parent/Guardian: _____

Youth's Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health History *(please check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Seizure disorders | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Appliances (retainers, contact lenses, etc.) | <input type="checkbox"/> Stomach upset | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Mental disability | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Emotional/behavioral disability | <input type="checkbox"/> Vision/hearing impairment | <input type="checkbox"/> Motion sickness |
| | <input type="checkbox"/> Heart | |

1. Other: _____

2. Allergies: _____

If any of the above is checked, please give important details: _____

Date of last Tetanus shot: _____

Current Medications

Is your son/daughter taking a prescription or non-prescription medication?

1. Medication: _____

Dosage and Frequency of dosage: _____

2. Medication: _____

Dosage and Frequency of dosage: _____

3. Medication: _____

Dosage and Frequency of dosage: _____



Can your son/daughter be expected to take the right amount of medication at the proper time?

Yes

No

I give my child permission to administer his/her own medications.

Signature of Parent/Guardian

Insurance Information

Youth's insurance carrier and policy number: _____

Name of Primary Insured: _____

Primary Insured's Social Security Number (**Last 4 digits only**): _____

Other Pertinent Information (*include any essential information not covered above*)

Statement of Consent

I, the undersigned, parent/legal guardian of _____ do hereby consent to any x-ray exam, anesthetic, medical diagnosis or treatment and hospital services that may be rendered to said minor, under the general or specific instructions of

_____ (*name of the youth's physician*) or, if unavailable, two on-call physicians at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment.

This consent will remain effective until the **January 8, 2012** delivered to said persons entrusted with the care, custody and control of said minor child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by **Lancaster Theological Seminary**.

Signature of Parent/Guardian



PHOTO/VIDEO RELEASE FORM (Age 17 and under):

I _____, the parent/guardian of

_____ hereby give permission for images of him/her, captured during regular and special Lancaster Theological Seminary activities through video, photo, and digital camera, to be used solely for the purposes of LTS promotional materials, publications and web site, and waive any rights of compensation or ownership.

Parent/Guardian Signature: _____

Print name: _____ Date: _____

Youth Signature: _____

Print name: _____ Date: _____

Mail To: Lancaster Theological Seminary
Attn: April Bupp
555 West James Street
Lancaster, PA 17603
(717) 290-8758
www.lancasterseminary.edu



PHOTO/VIDEO RELEASE FORM (18 and Over):

I _____, hereby give permission for images of me, captured during regular and special Lancaster Theological Seminary activities through video, photo, and digital camera, to be used solely for the purposes of LTS promotional materials, publications and web site, and waive any rights of compensation or ownership.

Signature: _____

Print name: _____ Date: _____

Mail To: Lancaster Theological Seminary
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Plane Booking Information

If you require a flight to be booked to get to the seminary, we will be doing the booking for you at a cost of **\$200** if this form is received by **11/21/11** We will not be able to take forms after 11/21/11. Please contact abupp@lancasterseminary.edu if you have questions.

1. Complete: Please spell EXACTLY for airline booking purposes

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Under 18? Y/N

If under 18:

I, _____, certify that I am the parent or guardian of

_____, who is now _____ years of age and who is

hereinafter referred to as the "Minor." I consent to the Leadership Now Office based at Lancaster Theological Seminary in Lancaster, PA booking a flight for the Minor. I will notify the airline if the Minor is flying unaccompanied by any adult.

Signature of parent/guardian: _____

2. Airport Details - to Lancaster, PA:

First choice airport: _____

Second choice airport (if applicable): _____

When is the earliest you can get to the airport?: _____ we will do our very best to find an available flight that will fit in this time slot!

2. Airport Details - from Lancaster, PA:

First choice/2nd choice airport: _____

If being picked up from the airport, what is the earliest you can get to the airport?: _____

3. Return all completed forms with a check, to:

Lancaster Theological Seminary
Attn: April Bupp
555 W James Street
Lancaster, PA 17603

Retreat fee: \$75.00 \$ _____

Flight fee (if applicable) \$ _____ (\$200 by 11/21)

TOTAL ENCLOSED \$ _____

Please make checks payable to: "Lancaster Theological Seminary"