



# Middle School Youth Gathering 2010

April 16-17th, 2010  
Telemark Lodge, Cable, WI  
**REGISTRATION FORM**

**DIRECTIONS:** If you follow these directions Ron & Lisa will be VERY HAPPY

- ☺ Please register as a group. Individual registrations should be called in.
- ☺ **NEW THIS YEAR** Online registration available!! Follow the link on the Synod Website or check out this link: <http://telemarkretreat.shutterfly.com>
- ☺ One adult is **required** for every 5-7 youth. Please do **not send youth without a chaperone**. Adults need to register and pay also.
- ☺ Registration deadline is **APRIL 6th** Space IS LIMITED.
- ☺ A \$25 non-refundable deposit is required for each participant. Remainder is due at the gathering. (Substitutions are encouraged, if youth drop out at the last minute.)
- ☺ Make checks payable to: NW Synod YOUTH

**CHURCH INFORMATION**

Church name \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT PERSON**

Name \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Please check (✓) the address where you'd like the confirmation of registration materials sent.

NAME / First & Last	Sex	Grade	Shirt size	NAME / First & Last	Sex	Grade	Shirt size
NAME / First & Last	Sex	Grade	Shirt size	NAME / First & Last	Sex	Grade	Shirt size

It is the policy of Telemark Lodge to allow only 4 persons per room. Please (\*A\*) the adults in your group.

MAIL TO: Ron & Lisa Ruettimann  
 636 Cherry Circle North  
 Hudson, WI 54016  
 PHONE: 715-381-3040



Medical Authorization Form and Parent Permission  
Northwest Synod of Wisconsin ELCA  
Lutheran Youth Organization  
2010



This form must be signed by a parent or guardian.

Name of Registrant : \_\_\_\_\_

Name of parent (first & last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Night): \_\_\_\_\_ Phone (Day): \_\_\_\_\_

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

\_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_

Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My son/daughter has permission to engage in all programs and activities at the Youth Gathering of the NW Synod of WI. I give my consent for photographs and/or video clips of my child to be used for website and promotional purposes. I give the adult sponsors of the Synod (or of my congregation) permission to seek medical treatment for my child in case of injury or illness.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date