Triennium Registration Form

Presbytery of the Northern Plains "Youth Connection Team" July 28-31, 2025 in Louisville, Ky

Youth and Adult Participant Inform Full Name		Age	Grade	Gender
Address	City		_ 01440 _	State
Home Phone	Personal Cell Phone			
Home Church				
Allergies? (please list)				
Medications?				
*Please let Chaperone or Eve	ent Leader know if Medicat	ions sho	uld be pai	d attention to.
Emergency Contact Information:				
Parent/Guardian Name(s)	R	elation _		
Phone #	Cell #			
Email Address				
Medical Insurance Carrier				
Policy #				
Medical and	l Photo Release for Treatm	ent of a	Minor	
Presbytery Youth Leader Representation attention for my child, should such attention the Youth event. I hereby give permission to the the health of my child, and in the eventhe treating physician to hospitalize, so and/or surgery for my child as named I authorize and trust Presbyter through electronic media, print, broad Parent/Legal Guardian Signature	tention be required while me treating physician to orde and I cannot be reached in an accure proper treatment for above. The Northern Plains to least, or any other means of	r x-rays, emerge and to o safely p	is attending, routine te ncy, I here rder inject ublicize pinication.	g or in route to and sts, and treatment for by give permission to ions and/or anesthesia ctures of my child
Parent/Legal Guardian Signature			Da	te
<u>Participa</u>	nt Agreement (Youth and C	<u>Chapero</u>	<u>nes)</u>	
No weapons (knives, etc.), druin all scheduled activities and honor a committee and if sent home it will be rules:	all meetings times. Any infr	action w	ill be deal	t with by the Youth
Participant's Signature			Date _	
Please mail registration form ale Rev. Sarah Bigwood C/O First F	•			irgo, ND 58102

Questions? Please Contact Rev. Bigwood 763-242-7609 or sbigwood@firstpresfargo.org