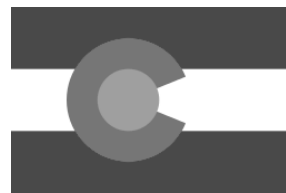


Colorado Mission Trip

Saturday-Saturday, July 15-22



A Presbytery of the Northern Plains "Youth Connection" Event for High School Youth

Participant Name: _____

What do you prefer to be called? (aka Nickname): _____

Current Grade: _____ Gender: _____ T-Shirt Size: (Adult Sizes) _____

Participant Cell Phone Number (if applicable): _____

Address: _____ City: _____ State: _____

Allergies: _____

Medications: _____

Have you been to Denver before? Yes ___ No ___ Can't Remember ___

Favorite Food: _____ Favorite Cereal: _____

Favorite TV Show: _____ Favorite Sport: _____

Why do you want to attend this trip? _____

Parent and Emergency Contact Information:

Name: _____ Relation: _____

Phone #: _____ Secondary Phone #: _____

Email Address: _____

Medical Insurance Carrier: _____ Policy #: _____

Are you interested in Scholarship Opportunities? YES NO MAYBE

Please turn this form in to your local youth leader, or the Presbytery of the
Northern Plains: 5555 S. Washington St. Grand Forks, ND 58201.

Registration and \$350 fee are due Sunday, June 11th.

Colorado Mission Trip 2017

Saturday-Saturday, July 15-22

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Registration and \$350 Fee are due Sunday, June 11th.

Scholarship Assistance is Available.

Participant Agreement, Medical and Photo Release

I/We, the undersigned parents of _____, a minor, do hereby authorize the Presbytery Youth Leader Representative as agent for the undersigned to seek the appropriate medical attention for my child, should such attention be required while my child is attending or in route to and from the youth event.

I hereby give permission to the treating physician to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the treating physician to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above.

I authorize and trust Presbytery of the Northern Plains, and subsequent churches, to safely publicize pictures of my child through electronic media, print, broadcast, or any other means of communication.

No weapons (knives, etc.), drugs, alcohol, or tobacco products are allowed at this event. Everyone will participate in all scheduled activities and honor all meetings times. Any infraction will be dealt with by the youth leaders, and if sent home it will be at your own expense. I understand and will comply with the above rules:

Parent/Legal Guardian Signature: _____

Date _____

Participant's Signature: _____

Date _____