WORK DE-MD Synod Youth Event Individual Registration Form Please print all information						
Church Name Church Location						
I registering for: FreeRide Road			_		Retreat	
lameNickname?						
Street						
Home Phone	Age	Grade	Gende	r (circle one)	M F	
Your Email						
T-shirt size (adult sizes):						
S M L ZXL ZXL Any Special Needs, Allergies, Medical Issues, or Dietary Restrictions:						
Emergency Contact Information						
Name	Relationship					
Home Phone	ome Phone Cell Phone					
Ev I understand that I and all of the other par and that the behavior of all participants is • be on time and attend all small/ lar • abide by the room assignments an • refrain from sexual activity and use • respect the Event staff & the host • have a great time and try to make	expected to reflect rge group sessions d curfews e of illegal substanc staff & employees	MD Synod Youth E that life in Christ. • resp • be s es • part • be c	Therefore I a bect the host supportive an ticipate in th	gree that I wil t property nd helpful	II	
 agree to waive any and all rights and cla and its representatives for any and all inju- rectly out of the event. I also allow for my i media outlets to further the mission of the have read, understand and accept the pr will be consequences for the breaking of the now make and help others in keeping the pr 	ury, damage, or loss image to be taken in Synod and these Yo romises I make in th hese promises. I will	sustained by the photography and outh Events. is covenant and a try my best to be	participant a //or video for greement. l a	rising directly promotional also accept th	y or indi- and social nat there	

Participant's Signature