

BUS REGISTRATION FORM - ADULT

Female Male Birth date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) - _____

Emergency contact _____ Relationship _____

Their Phone: (____) - _____ Alternate: (____) - _____

Congregation Name: _____

City: _____ State: _____

Pastor's Name: _____

Special Needs: (please specify) _____

TRANSPORTATION FEE – due April 1, 2012

Pay your youth leader - \$140

YOUTH LEADER: please send one group check payable to WELS Activities Fund.

CANCELLATIONS

A \$25 charge will be made for cancellations before May 1, 2012. No refunds will be given after that time.

COMMITMENTS

I plan to ride the bus to and from the 2012 WELS International Youth Rally. I authorize the congregation youth leader and bus leaders to consent to any emergency medical treatment necessary while traveling to/from the rally. I declare that I am covered by primary accident and medical insurance and assume all legal and financial liability and responsibility for any injury. I will not hold WELS or NWDCYFM legally or financially responsible for any injuries or damage.

Signature _____

Date _____

MEDICAL INFORMATION

Doctor/Clinic _____ Phone _____

Insurance Co. _____ Policy # _____

Any allergies or other medical instructions? _____
