

AMONG THE WOLVES 2009

NJ Synod Jr High Retreat

YOUTH REGISTRATION FORM

Nov. 20-22, 2009

Cost \$100/\$120*

Registration deadline: 11/6/09

* late registration cost

Registration forms for all NJ Synod youth ministry events are available in the Support Packets, from the Synod Office @ 609-586-6800 or on our website: www.njsynod.org/youth at least 2 months prior to each event.

Name _____ Female___ Male___ Current Grade_____

Address _____

Phone(_____) _____ Email _____ T-shirt size _____

Home Congregation _____

name

city/town

Special needs (language, accessibility, food, etc.):

By this signature I agree to abide by the stated expectations of this event (listed below).

signature of participant

Mail completed form and check (made out to: New Jersey Synod) to:
New Jersey Synod, Among the Wolves,
1930 State Highway 33, Hamilton Square, NJ 08690

PARTICIPANT EXPECTATIONS

This New Jersey Synod event is an intentional Christian community. In such a community, the behavior of all participants reflects the faith we share in Jesus Christ our Lord.

Therefore, it is expected that:

1. For reasons of continuity and group-building, all participants are needed for the entire event. Therefore, no one will be allowed to attend only a portion of the event.
2. For reasons of safety and accountability to parents, participants will remain throughout the event, and the event leaders will be advised if leaving the site becomes necessary.
3. All registrants - both youth and adults - will participate fully in all activities at the event.
4. Absolutely no alcohol or other drugs (other than prescribed medication) will be brought to or used at the event.
5. Stereos, TVs, etc. WILL NOT be brought to the event (iPods, etc. are brought at your own risk).
6. Lutherans throughout New Jersey will be proud of the way in which our community represented them.

Parent/Guardian Consent Form
for

Among the Wolves 2009

(name of participant)

In the event that I cannot give authorization in person, I hereby give authorization to the adult leaders of the above indicated New Jersey Synod Event to seek emergency medical treatment for the above-named youth. This authorization is valid for the dates of the event.

I also grant the Synod & ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent/Guardian Signature

Medical Insurance Carrier

Name of Subscriber

Company and Policy #

THIS INFORMATION MUST BE INCLUDED WITH THE REGISTRATION FORM!