

# 2010 Summer Festival Sr. High Registration

## McFarland Lutheran Church

**Where:** Gustavus Adolphus College  
**Dates:** July 12<sup>th</sup> - 17<sup>th</sup>  
**Cost:** \$375.  
**Deposit:** \$ 50. (non-refundable)  
**Deposit and Registration Form due:** March 31



**Student Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Cell phone (if applicable)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Sex:** M F      **Grade completed in 2010** \_\_\_\_\_      **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mother's name** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Father's name** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**\*\* IN CASE OF EMERGENCY\*\*** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Youth Forum and/or McFarland Lutheran Church the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Youth Forum and/or McFarland Lutheran Church. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Youth Forum and MLC from liability in acting on my behalf in this regard so long as Youth Forum and MLC are not grossly negligent. By signing the line below after "Signature of Parent or Guardian" I agree to the above statement and have checked yes or no after the "Promotional Material Release" statement.

**\*\*PROMOTIONAL MATERIAL RELEASE\*\*** I give Youth Forum MN and McFarland Lutheran Church permission to use photography and video taken at the Summer Festival to be used in promotional material.

\_\_\_\_yes    \_\_\_\_no

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_