

ELCA Alaska Youth Retreat in Seward, Alaska



5th - 12th grade youth, October 17-19, 2024

Cost: \$95, scholarships may be available

Register through your church office by October 6

Some ELCA congregations will carpool Thursday evening, October 17, to sleep over at Resurrection Lutheran Church in Seward (arrive 8 -10 pm), and others will arrive Friday, October 18, by Noon. Afternoon and evening will include group activities in Seward area led by ELCA pastors, deacons, and youth leaders. Saturday evening we sleep over in the Alaska SeaLife Center. Meals on Friday and Saturday in Seward are provided. Carpools depart on Saturday after breakfast to return home. Bring: sleeping bag and pillow, indoor and outdoor clothing for 1-2 days, needed toiletries or medications. Contact your ELCA pastor, deacon, or youth leader with questions, or Kathy at Central Lutheran Church, Anchorage, 907-277-1622 or centluth@gmail.com.

YOUTH GROUP ACTIVITY REGISTRATION 2024

Participant Name:

Preferred Name:

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____

Male Female

Home Church:

Name of Parent/Guardian #1:

Phone(s):

Name of Parent/Guardian #2
or Emergency Contact:

Phone(s):

Are there any health concerns or food allergies
organizers should know about? Medications?



MEDICAL PERMISSION AND PARTICIPANT RELEASE FORM

My youth has permission to participate in ELCA Alaska church activities, January 1 – December 31, 2024, with fellow members and staff of Alaska Native Lutheran Church, Central Lutheran Church, Lutheran Church of Hope, Gloria Dei Lutheran Church, Christ Our Savior Lutheran Church, Amazing Grace Lutheran Church, Christ Lutheran Church, and others in the ELCA Alaska Synod. I have noted any health concerns on this form.

I acknowledge that some of the activities involve physical activity and environmental conditions carrying risk of serious personal injury, death, or property damage. I assume all responsibility and risk, and I hereby release the participating Alaska ELCA congregations, their employees and volunteers, from any and all claims, liability, or causes of action of any kind, whether based on negligence or otherwise, for property damage, personal injury, or death, arising from or related to my child's participation in the activities, including travel to and from various locations.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. This statement is in effect for the remainder of 2024, in Alaska, January 1 – December 31, 2024, and any transportation to and from the events.

Parent / Guardian signature:

Please initial one of the following:

___ I DO grant permission for my child's name/picture to be used in ELCA Alaska Synod / participating church publications and videos.

___ I DO NOT grant permission for my child's first name/picture to be used in ELCA Alaska Synod / participating church publications.