



Registration Form (Youth and Adult)*

****All youth 14 years or older by June 7th, 2015 are eligible to attend, including any who will have graduated from high school in 2015.***

Name: _____ Ward/Branch: _____

Gender (circle one): Male Female Age (as June 13, 2011): _____

T-shirt size (circle one): S M L XL XXL
(Sizes are men’s sizes so they will run large for women) _____

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in the 2015 Youth Conference Handcart Trek involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my son or daughter to participate in this activity. I understand that participation in this activity is voluntary and requires youth to abide by applicable rules and standards of conduct. I release The Church of Jesus Christ of Latter-day Saints, the activity coordinators, volunteers, related parties or other individuals associated with this activity from any and all claims or liability arising of this participation.

I approve the sharing of this information on this form with those Brothers and Sisters who need to know of medical situations that might require special consideration.

In case of an emergency involving my son or daughter, I understand that every effort will be made to contact the individual listed as parent or guardian. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the Brother in charge to secure proper treatment.

_____ Without restrictions

_____ With special consideration or restrictions listed below:

Signature of Parent/Guardian

Emergency phone #

Date

Please return this registration form by March 31st to: Shari Humbard (532 West 5th Street, Junction City KS 66441-3131). or scan and email to shand5@cox.net

2015 Salina Kansas Stake Youth Conference – Handcart Trek

**The Church of Jesus Christ of Latter-day Saints
2015 Youth Conference – Handcart Trek
MEDICATION FORM**

(Medications should be in their original containers)

Adult/Youth Name _____

Name of Parent/Guardian _____

Phone # _____

Doctor's name _____

Phone # _____

Medication/Dose _____

Time(s) of Day Medication Taken _____

Amount of Medication Taken _____

Reason for Medication _____

Special storage instructions _____

Expected action if medicine is not taken as directed _____

List other important information about this medication should medical attention is delayed and side effects or reactions to food, dehydration, other medicine may occur, etc.

Waiver: This information is confidential and is provided to the Salina Stake presidency, and Stake YM and YW leaders

Medical Staff on behalf of The Church of Jesus Christ of Latter-day Saints:

For the express purpose of helping to ensure a healthy, safe Handcart Trek experience for my son or daughter. This form may be shared with medical personnel should the necessity arise.

Signature of Parent/Guardian _____

Date _____

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