Hmong Mission Society LCMS

LCMS Hmong Ministry Conference

Our Savior Lutheran Church
7910 E. St. Joe Hwy. Lansing, Michigan 48758
July 19-21, 2012

Luke 3:4 *"Prepare the Way for the Lord"*

Registration Form

Church: _____

All conference participants must complete a registration form. Incomplete registrations will be returned and will delay individual or group confirmation to the Conference.

Please print legibly or type. (Check One) _____Adult _____Youth

Name _____
Mailing address _____
City _____State_____Zip code _____
Phone _____Cell: _____
Email _____

If any child will be attending the conference, please list name and age of Child (ren) below. _____
_____

Allergies and Other Known Health Risks/Problems: _____
_____

Medications: _____

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), Relationship): _____

Health Insurance Carrier/Policy Number: _____
_____

Youth Information (6th grade and above)

Grade: _____
College: _____
Graduate: Yes or No
Degree: _____

ACKNOWLEDGMENT AND RELEASE

I understand that to become a Participant, at the LCMS Hmong Ministry Conference requires me to acknowledge and agree that the LCMS Hmong Ministry Conference assumes no, and disclaims all, responsibility for my safety and well-being while acting as a Participant. In consideration of the LCMS Hmong Ministry Conference permitting me to be a Participant:

(a) I acknowledge that the information set forth above is complete and accurate;

(b) I acknowledge and agree that the LCMS Hmong Ministry Conference is an auxiliary agency of The Hmong Mission Society and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while being a Participant;

(c) I release the LCMS Hmong Ministry Conference, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death) suffered by me or my possessions while being a Participant; and

(d) I consent to any medical treatment that the LCMS Hmong Ministry Conference (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.

SIGNATURE: _____ DATE:_____

PARENT SIGNATURE: _____

(If under 18 years of age)

Deadline for registration is June 30, 2012.

Send ALL **Registration Forms** and **Make $10.00 Check Payable to:**
LCMS Hmong Ministry Conference
Attention: Rev. Chia Thao
2220 E. College Avenue
Appleton, WI 54915