



2025 YOUTH CONFERENCE REGISTRATION

July 14-18, 2025

YMCA Of The Rockies, Estes Park, CO

The American Association of Lutheran Churches

RESILIENT†

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INSTRUCTIONS:

Each participant must complete a **Registration Form** and **Permission & Release Form**. Please return completed forms and full payment to your Youth Director or church office. Participants are not registered until both forms and payment are turned in.

ADULT SPONSOR REGISTRATION

HOME CHURCH: _____

NAME: _____

GENDER: Male / Female

T-SHIRT SIZE: _____

Special Skills: _____ (e.g. medical training)				
Interested in Leading a Workshop: Y N			Topic: _____	
Workshop Target Audience:	Grades 8-10	Grades 11-Graduating	All Youth	Sponsors All

Early Registration	\$400.00	Forms and payment turned in no later than March 1 st
Standard Registration	\$450.00	Forms and payment turned in no later than April 1 st
Late Registration	\$500.00	Form and payment turned in after May 1st

Checks Payable to “The AALC Youth Conference” unless otherwise noted by your Youth Director.

Participants must ensure that correct payments are submitted and postmarked based on the dates above.

Submit worksheet, release form and payment to your Youth Director / Youth Advisor. Check with them as to how your group will handle registration and who you should make your check payable to.

Youth Directors & Advisors: All completed forms and payments to be mailed to:

St. Peter’s Lutheran Church - Youth Conference Registrar

Attn: Rachel Shewmaker

8701 Elk Grove Florin Road

Elk Grove, CA 95624

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FOR REGISTRAR USE ONLY

Date Registration Form Received: _____

Amount Paid: _____

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ADULT SPONSOR INFORMATION & RELEASE FORM

You are NOT registered until the registration and information & release forms have been submitted to the national office. Please complete the following information.

PERSONAL INFORMATION

Name: _____ Birthdate: _____
(Last) (First) (Middle)
Phone: _____ E-Mail: _____
Address: _____
(Street) (City) (State) (Zip)
Gender (M/F): _____ Home Church: _____

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

GENERAL HEALTH INFORMATION

Physician: _____ Phone: _____
Health Insurance Carrier: _____ Phone: _____
Policy Number: _____ Does Carrier require pre-approval for hospital admission? YES / NO
Blood Type (if known): _____

PHOTO RELEASE

In consideration of the right of the adult sponsor to participate in this activity, I give consent to and authorize the taking of photographs or videotapes in which the adult sponsor may appear. I waive all right of privacy in and to any said photographs or videotapes.

LIABILITY RELEASE

I hereby release The American Association of Lutheran Churches, its staff and sponsors, and its participating churches from responsibility and liability for any activities. In the event of an emergency, I hereby authorize an adult leader of this activity to act as my agent, to consent to any x-ray(s); examinations; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered.

I hereby grant permission to The AALC the right to use, reproduce, and/or distribute photos and video of myself, for use in materials created for purposes of promoting the activities of The AALC.

I have read the above release, understand and agree with these statements.

Adult Sponsor Signature: _____ Date: _____