

Name _____ Male _____ Female _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Birth date _____ Graduation year _____

Church attending/city _____

I am a: Student Adult Child I want to join the email mailing list: Yes No

Please be aware that a group picture will be taken, which may be used for promotional purposes.

All housing requests must be submitted by your youth director or FLY contact person in writing by mail or email no later than June 20, 2011. While we do our best to honor requests, housing arrangements are at the sole discretion of FLY housing staff. Visit the Fly Web site (youth.afc.org/fly) for housing contact information.

Please send a \$100 non-refundable deposit with your completed registration, medical release form and a copy of your health insurance card. We recommend all registrations be paid in full by June 1, 2011. Deposits are only transferable to new student registrations. Please plan accordingly. Make checks payable to "FLY" and mail with registration form to: FLY 2011, 3110 E. Medicine Lake Blvd., Plymouth, MN 55441.

NOTE: You will not be considered fully registered and will be subject to late fees until the medical release form (on back) is filled out and submitted along with a front and back copy of your health insurance card.

Counselors, please visit the FLY Web site (youth.afc.org/fly) for registration and application forms.

ADMINISTRATIVE NOTES

Registration _____ Check # _____ Final payment _____ Check # _____ EB/L/F _____

I _____ [parent/guardian] of
_____ [child's name] who reside at
_____ city of _____

state of _____ born _____ herin authorize the adult sponsors of the Free Lutheran Youth Convention to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the state of treatment, when the need for such treatment is immediate and when efforts to contact me [us] are unsuccessful. This includes the administration of benadryl, Tylenol or ibuprofen if need is perceived by the First Aid team.

Do you have health insurance? Yes No If so, please submit a copy of the front and back of your health insurance card.

Signature of parent/guardian _____

Phone number[s] _____

Insurance company _____

Plan/policy # _____

Family physician _____

Phone number _____

Allergies (medical/environmental): _____

Health problems: _____

Medications: _____

(If needed, a student's counselor will be responsible for seeing that medications are taken. This cannot be the responsibility of the First Aid team.)