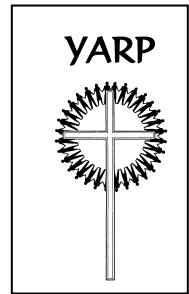




**Southwestern Texas Synod**  
**Evangelical Lutheran Church in America**  
 God's work. Our hands.



**Y.A.R.P. PARTICIPATION FORM 2009-2010**  
 (Complete one form per person)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

(Home) ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

(School) ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

YARP PHONE: (\_\_\_\_) \_\_\_\_\_ PARENT HOME PHONE: (\_\_\_\_) \_\_\_\_\_ PARENT DAY PHONE: (\_\_\_\_) \_\_\_\_\_

HOME CONGREGATION: \_\_\_\_\_ CITY: \_\_\_\_\_

***Covenant: "I do understand and accept that events sponsored by the Southwestern Texas Synod have as their purposes Christian fellowship, worship and personal growth. As a responsible part of the Body of Christ, I commit myself to participating fully in the expressed fellowship, meaning and purposes of these events. I will refrain from using alcohol, tobacco products and any non-prescription drug during the events and will abide by all event regulations."***

Y.A.R.P. SIGNATURE: \_\_\_\_\_

Y.A.R.P. COORDINATOR'S SIGNATURE: \_\_\_\_\_

**MEDICAL STATEMENT**

I understand all reasonable care will be taken to avoid accident or injury to me while at these events and release the Southwestern Texas Synod from liability. In the event of medical emergency, I understand every effort will be made to contact the authorized person listed on this form. In the event he/she cannot be reached, I grant permission to secure medical and/or surgical care for myself. I understand that the synod does not carry liability insurance and agree to accept the expense of emergency care through my medical insurance and/or personal resources.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ (Indicate if none)

INSURANCE POLICY #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_

ALLERGIES/ILLNESSES: \_\_\_\_\_

CONTACT IN CASE OF ILLNESS/EMERGENCY:

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

(2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YARP COORDINATOR BEFORE THE FIRST EVENT OF THE YEAR.**

Revised August 7, 2009