



DATE & PLACE: Sat, November 23 – Sun, November 24 @ Cragun's Resort in Brainerd, MN

COST: Total Cost is \$75 (for the early bird price).

The Non Refundable Deposit is \$40 and is due with a completed health form by October 8^h. (Forms and/or Money turned in after October 13th will be subjected to an \$25 additional charge, and only be accepted based on availability).

The Final Balance is due November 3rd

SCHOLARSHIPS: Partial scholarships are available – Scholarship requests must be made prior to October 8th in order to be considered. Talk to Deb prior to that date if financial assistance is needed.

DEPARTURE TIME & PLACE: Saturday, November 23 @ 2:00pm at Elim.
We will stop for dinner before going to the Gathering

PICK UP TIME & PLACE: Sunday, November 24th around 3:30-4:00pm at Elim
We'll leave Cragun's around 12:30pm and stop for lunch on the way home.

ADULT LEADERS: Pastor Hagen and a team of parents. Deb Westerberg will also be there as part of the planning team. If you would be interested in being a driver and an adult leader, please let Deb or Pastor Hagen know.

CONTACT INFO: Cragun's Resort 1.800.272.4867 (We're with the Northeastern MN Synod Middle School Youth Gathering)
Deb's Cell: 218.213.5170 Pastor's Cell: 218.391.5745

PACKING LIST:

- X **A Bible.**
- X **Swimsuit.** There's a pool and hot tub
- X **Snacks.** For the ride & hotel room, if you want.
- X **A GREAT ATTITUDE.** Ready for a good time!
- X **Money.** You will need money for dinner Saturday night and lunch Sunday afternoon (We'll stop at a fast food place in Brainerd.) There also will be an Offering taken Sunday morning.
- X **A change of clothes, pajamas & bathroom stuff.** (Has to fit into a small suitcase/duffle bag) Since we are staying at a hotel, pillows, blankets, wash cloth, towels, etc are provided. You will receive a Gathering t-shirt when you arrive as well.
- X Please leave all MP3 players/iPods, Cell phones, DVD players, hand held video games, etc at home. These items become a distraction during the short time we have together. We ask your cooperation in leaving them at home. This is part of the covenant that when you sign, you agree to.
- X T-shirts with inappropriate slogans and pictures also need to be left at home. If you wear them, you will be asked to change or turn it inside out.



Northeastern Minnesota Synod

Evangelical Lutheran Church in America

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NE MN Synod Health and Release Form

Please check event that applies:

- Middle School Gathering: November 22-23, 2019 at Cragun's Resort, Brainerd, MN
- Middle School Gathering: November 23-24, 2019 at Cragun's Resort, Brainerd, MN

I give permission for my child (youth participants)/I agree (adult participants) to travel to and to fully participate in the Middle School Gathering on the date marked above.

I also understand that my child's /my picture may be taken during this event and used on the synod's web site or newsletter. No name will be associated with a published picture except with expressed consent.

In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s), or other relatives listed below. If these contacts cannot be reached, I hereby give the staff and appointed volunteers of the Northeastern Minnesota Synod permission to act on my behalf in seeking emergency treatment for my child/me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that the Northeastern Minnesota Synod is not responsible for related injuries that may occur during this event.

Participant Information

Name of Participant _____ Grade _____ Birthdate _____ M or F
(circle one)

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Insurance Company _____ Insurance Co. Phone _____

Insurance Company Address or Website _____

ID# _____ Group # _____ Policy Holder's Employer _____

Participant does not have health insurance.

Participant has Food Allergies: Yes No

Food Allergies/Comments: _____

Participants has Drug Prescription(s) and/or Drug Allergies: Yes No

Drug Prescriptions/Allergies: _____

Additional comments regarding medical history or dietary needs that may be needed in treatment or helpful for staff:

Emergency Contact Information (Youth participants MUST give a parent or guardian name and contact info.)

Parent/Guardian/Spouse/Other Name _____
(Circle type)

Phone (Home) _____ (Work) _____ (Cell) _____

If parent/guardian/spouse is not available, please call relative below:

Name _____ Address _____

Relation _____ Phone (H) _____ (W) _____ (C) _____

Congregation Elim Lutheran Church City Duluth Adult Leader Deb Westerberg

Signature of Parent/Guardian _____
(For Youth Participants: Parent or Guardian MUST sign for youth to participate)

Participant Signature _____
(For Adult Participants Only)

T-Shirt Size (circle one):
Adult Sizes
S M L XL 2XL 3XL