



Registration & Payment of \$100 due September 15th

Final Payment of \$95 due October 5th

Checks payable to: Ascension Lutheran Church

Full Name _____

Date of Birth _____ Age _____ Gender _____ Grade _____

Complete Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____ T-shirt Size _____

Roommate Request (will accommodate as possible) _____

Food Allergies _____

Issues/concerns adults should be aware of _____

Parent/Guardian Name _____

Relationship _____ Email _____

Home Phone _____ Cell Phone _____

_____ has permission to attend the Charge Trip, November 14-16, 2025 and permission to receive emergency medical treatment. In an emergency, please contact:

Emergency Contact: _____ Contact Number: _____

Allergies _____ Physician _____

Insurance Company _____ Policy # _____

Medications _____

I, _____, as Parent/Legal Guardian of the youth named above authorize Ascension Lutheran Church or appropriate staff to administer over-the-counter pain relief (Tylenol/Acetaminophen/Motrin/Advil/Ibuprofen) to youth named above.

Parent/Guardian Signature _____ Date _____