

SENIOR HIGH
FALL RALLY



"Let it Shine"

NOVEMBER 4 -5

AT FIRST CONGREGATIONAL WAUWATOSA

Cost:

\$15 if postmarked by November 1st

\$20 for payments day-of event

Please make checks payable to

Wisconsin Congregational Association

and send with the registration form to:

Emily Campbell

535 W. Johnson St.

Apt. 306

Madison, WI 53703

(See reverse side for more details)

Details on Senior High Fall Rally

Where will it be held?

First Congregational Church
1511 Church Street, Wauwatosa
Phone- (414) 258-7375

When should I get there?

Registration begins at 7 p.m. Friday, Nov. 4th and lasts until 8 p.m.
Rally will conclude on Saturday, Nov. 5th at 3 p.m.
You must arrive by 8 p.m. Friday and remain until 3 p.m. Saturday to attend.

What Should I bring?

- Your signed and fully completed parental consent form
- Your registration fee (If you haven't already mailed it in)
- A Bible
- Sleeping bag, pillow, and other things to "make you comfy" at night
- Pajamas to lounge around in and clothes for the next day.
- Things that help you look and smell your best in the morning (toothbrush, deodorant, hairbrush, etc.)
- Medications labeled to turn over to co-advisors when you arrive.
- An open mind
- A friend or two

What Should I leave behind?

- Things that harm you: Cigarettes, alcohol, illegal drugs
- Things that harm others: Guns, knives, grenades, tactical nukes
- Things that might harm you or others or burn the church down: Fireworks
- Things that might make the rally less enjoyable for everyone: Attitudes

What if I have questions?

Contact: Emily Campbell
Phone: (262) 339-8986
Email: ecampbell0322@gmail.com

Rally Registration & Consent Form

Wisconsin Congregational Association

Participant's (youth's) name: _____ Grade: _____

Address: _____

Phone Number: _____

Email address: _____

Name(s) of parents(s) or legal guardian(s): _____

Name and city of Participant's Church: _____

I hereby certify that I am aware of, approve of, and take full responsibility for the participation of the above named participants in the Wisconsin Congregational Association Senior High Rally. Furthermore, I assume all risk of and financial responsibility for any loss or injury to the Participants or others that may occur as a result of negligence or misconduct by the Participants, and I release the Wisconsin Congregational Association, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person or property of the Participant which may be sustained during or as a result of Participation in the Rally. In the event of an emergency, including illness, injury, or incapacity suffered by the Participant during the course of the Rally, I hereby authorize a Wisconsin Congregational Association Co-Advisor, a counselor, or any other adult leader to act as an agent for me in consenting to any reasonably necessary X-ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. I expect the attempts will be made to contact in the event of any such emergency.

Signature of parent or legal guardian: _____

Date: _____ Emergency phone number(s): _____

I'm coming to the Rally to make friends and to be a friend, to learn a little more about God, and to have fun! I understand that if I fails to follow the rules and directions given by the leaders, I may be sent home at my parent(s)' expense. I also realize that my attitude will largely determine the kind of experience that I have at the rally, and therefore I will do all that I can to make the weekend safe, fun, and a meaningful time for myself and for my fellow "Ralliers."

Participant's signature _____ Date: _____

Medical Information Pertaining to the Participant

Allergies: _____

Medication(s) being taken: _____

Physical handicaps(s) or limitation(s): _____

Medical Insurance Company: _____

Group or Policy number: _____

Any other information that you deem important for the activity leaders to know, use reverse side.