

# LutheranHANDS 2026 Youth Information Form

(For those **under** the Age of 18 at the time of the mission trip)

(This form is designed to help you through the registration process. Please do NOT mail it in.)

## Youth Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Gender Identity \_\_\_\_\_ When were you born? (MM/DD/YYYY) \_\_\_\_\_

Grade (2023-2024 School Year) \_\_\_\_\_

T-Shirt Size (Circle one) SM MED LG XL XXL XXXL

## Parent/Legal Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Group / Congregation Information

What group / congregation are you registering with?

\_\_\_\_\_

Who is your group / congregation leader?

\_\_\_\_\_

Check here if -

- "I'd prefer any photo's containing my child **NOT** be published on the LutheranHANDS website or mailings."
- "Yes, photos containing me or my child can be used by LutheranHANDS."

In the event that any of this information changes prior to the mission trip, you must notify LutheranHANDS by emailing the registrar at [khyatt@lutheranhands.org](mailto:khyatt@lutheranhands.org)

## LutheranHANDS 2026 Adult Information Form

(For those **over** the Age of 18 at the time of the mission trip)

(This form is designed to help you through the registration process. Please do NOT mail it in.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Gender Identity \_\_\_\_\_ When were you born? (MM/DD/YYYY) \_\_\_\_\_

T-Shirt Size (Circle one)    SM    MED    LG    XL    XXL    XXXL

Check all that apply

- I am the Youth Leader or a Youth Advisor of my group.
- I am NOT a Youth Leader nor a Youth Advisor, I am simply participating on the trip.
- In addition to advisor, I wish to serve as a Work Leader.
- I will have my Mobile Phone during the trip and its number can be placed on an information card for youth to contact in the event of an emergency.
- I have reviewed the Child Protection Policy and Procedures at [www.LutheranHANDS.org](http://www.LutheranHANDS.org) and understand that I have an obligation to seek the necessary clearances

Check here if -

- "I'd prefer any photo's containing me **NOT** be published on the LutheranHANDS website or mailings."
- "Yes, photos containing me can be used by LutheranHANDS."

In the event that any of this information changes prior to the mission trip, you must notify LutheranHANDS by emailing the registrar at [khyatt@lutheranhands.org](mailto:khyatt@lutheranhands.org)

# Emergency Contact Information and Medical Form (For EVERYONE)

(This form is designed to help you through the registration process. Please do NOT mail it in.)

Primary Contact Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Are you Vaccinated Against COVID-19: \_\_\_\_\_

## **Insurance Information**

Medical Insurance Carrier

\_\_\_\_\_

Policy Type \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_ (Must be within 10 years)

Name and Phone Number of Primary Care Physician

\_\_\_\_\_

## **Special Health Considerations**

Please note that these answers are voluntary but kept confidential to a restricted group of LutheranHANDS and host-site staff. They are necessary to ensure that we can properly cater our safety plans to your needs.

List all current allergies and those seasonal allergies expected on the mission trip:

\_\_\_\_\_

List all prescription medications expected to be taken on the mission trip:

\_\_\_\_\_

List any dietary restrictions that would be helpful in meal planning:

\_\_\_\_\_

Do you have a history of seizures?

\_\_\_\_\_

Are you diabetic? If so, please describe:

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Do you have a history of adverse reactions to heat (e.g. heat stress, heat stroke, etc)?

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**In the event that these answers change prior to the mission trip, you must notify LutheranHANDS by emailing the registrar at [khyatt@lutheranhands.org](mailto:khyatt@lutheranhands.org)**