



The Summit - Starting Line 5th & 6th Grade Youth Gathering June 19, 2010

Dear Parents and Church Leaders,

A unique partnership has resulted in a unprecedented ministry opportunity. Lutheran High School La Verne and the Directors of Christian Education in the Inland Empire (we call ourselves SMOG) have joined forces to put on a distinctive event just for 5th & 6th graders. The Summit is what we hope to be the first of many annual summer gatherings for 5th & 6th graders. The theme for The Summit is Starting Line, based on Hebrews 12:1 "Therefore, since we are surrounded by so great a cloud of witnesses, let us also lay aside every weight, and sin which clings so closely, and let us run with endurance the race that is set before us."

Just like the High School and Junior High District Youth Gatherings, The Summit is a structured time to connect with God and youth from around the area. There will be great music, great food, fun and games. All of this focuses around teaching on our theme presented in both large group and small group break outs.

Medical Release Forms are required for each participant, **youth and adults**. Keep the original forms with you and send copies with your registration. We ask that if you are organizing a group from your church that at least one adult remain with your group per 7 students.

Cash will not be accepted at the registration desk. If you have an outstanding bill, please have a check or money order made payable to: Lutheran High School of La Verne.

Make copies of the enclosed forms to meet your group's needs. If you have any questions, please feel free to contact one of the gathering committee members listed below.

Michelle DiLiberto	Lutheran High	mdiliberto@lhslv.org	909-593-4494
Phil Gaylor	Program	cadce@verizon.net	909-861-2740
Jon Swisher	Program	dcejswisher@gmail.com	626-447-7690
Jesse Brubaker	Program	jesse.brubaker@hotmail.com	626-335-5315
Dave Rueter	Registrar	drueter@soth.org	909-989-6500
Joel Held	Music	jheld@lhslv.org	909-593-4494



The Summit – Starting Line Group Registration & Financial Form

(Make additional copies as needed)

Church Name: _____

Address: _____ City _____ State _____ Zip _____

Contact Person(s): _____ email: _____

Daytime Phone Number (_____) _____ Evening (_____) _____

Participant Name Include all youth & adults	Youth (Y) Adult (A)	Male (M) Female (F)	T-shirt Size (S, M, L, XL, XXL)

Totals: Youth (Male) _____ Youth (Female) _____ Adults (Male) _____ Adult (Female) _____

T-shirt totals: Small _____ Med. _____ Large _____ XL _____ XXL _____

Financial Summary

Registration:

Number of participants _____ x \$20 = \$ _____ total due

We cannot guarantee T-shirts if your registration arrives after June 1, 2010.

**Mail this registration form, copies of the individual medical forms, and a group check made payable to: Shepherd of the Hills Lutheran Church to:
Dave Rueter – Summit * Shepherd of the Hills Lutheran Church
6080 Haven Ave. * Rancho Cucamonga, CA 9173**



The Summit – Starting Line Medical Release Form (for every youth and adult)

Participant's Name _____ Age _____

Grade: 5 6; Adult; or Young Adult T-shirt size: S M L XL XXL

Address: _____ City _____ State _____ Zip _____

Participant's Allergies _____ Medications: _____

In event of an emergency, please contact: _____

Emergency Phone Number (_____) _____

Alternate Contact _____ Relationship _____

Alternate Contact Phone Number (_____) _____

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone Number _____

Authorization to treat: I (We), the undersigned parent(s) of _____ (child's name), do here authorize the staff of _____ (your church's name), and The Summit/Lutheran High as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practice Act and any hospital whether such diagnosis or treatment is rendered at the office of a physician or hospital. This consent is also extended to any dentist licensed under the Dental Practice Act. It is understood that this authorization is given in advance of any diagnosis, treatment or hospital care being required but is given to provide authority on the part of our aforesaid agents to give specific consent to any treatment or hospital care which the physician or dentist deems necessary, in the exercise of his/her best judgement. It is understood that an effort shall be made to contact the undersigned prior to the rendering of treatment, and such treatment shall not be withheld if the undersigned cannot be reached. I (we) will not hold _____ (your church's name) or its staff or Lutheran High liable for medical aid rendered or consent given for diagnosis or treatment of my (our) child.

The above listed child has my (our) permission to attend and participate fully in the activities of The Summit. I give permission to allow any pictures or videos taken during The Summit to be used for publicity purposes.

Parent's Signature: _____ Date _____

(Or participating adult)

Or Guardian's Signature: _____ Date _____



The Summit – Starting Line: Tentative Schedule

Saturday, June 19, 2010

9:00am – 10:00am	Registration Icebreakers
10:00am – 11:30am	Mass Session 1
11:30am – 12:30pm	Lunch
12:30pm – 12:45pm	Silly Songs with Joel
1:00pm – 2:40pm	Breakout sessions (Two 45 minute sessions) A – Sports B – Theatre C – Music A – Music B – Sports C – Theatre
2:50pm – 4:00pm	Outdoor Game
4:00pm – 4:45pm	Breakout sessions A – Theatre B – Music C – Sports
5:00pm – 6:00pm	Dinner
6:00pm – 7:00pm	Mass Session 2
7:00pm	Depart for Home