

Youth Participant Worksheet

*This worksheet is for congregational information-gathering purposes only. **Do Not Mail.** The following information will be needed to complete online registration for ALL participants.*

Indicate

Sex: F M DOB: _____ / _____ / _____

First Name: _____ Middle Initial: _____

Last Name: _____

Email Address: _____

Year of High School Graduation: _____

Mailing Address: _____

City: _____

State: _____ Zip code: _____

Emergency Contact Information

(Must be a person not attending the Gathering)

Name: _____

Relationship: _____

Phone: _____

Ethnicity (optional)

By law, participants are not required to share their ethnicity. The Gathering respectfully requests an indication of the ethnic-cultural background of person registering for the Gathering.

- | | |
|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Indian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Multiethnic |

Number of previous Gatherings attended: _____

I plan to travel to the Gathering by:

- | | |
|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Plane | <input type="checkbox"/> Car/Van |
| <input type="checkbox"/> Train | <input type="checkbox"/> Private Motor Coach |
| <input type="checkbox"/> Group Bus | |

Primary Language

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> German | <input type="checkbox"/> Other |

If other, please specify. _____

I intend to participate in Holy Communion. Yes No

Permission to Release Information

My name, address and email address will be released to LCMS Youth Ministry (sponsor of the Gathering) and LCMS Concordia University System campuses for recruitment purposes.

The LCMS Youth Gathering **will not** disclose your personal information to any other entity besides the two that are listed above.

- Yes, please provide my information to these entities.
 No, please do not provide my information these entities.

Special Needs Yes No

If yes, the Special Needs Form must be completed

T-shirt Size

The Gathering Office is requesting participant t-shirt size to gauge proper quantities and sizing for Servant Event t-shirts and other shirts being offered.

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> X Small | <input type="checkbox"/> X Large |
| <input type="checkbox"/> Small | <input type="checkbox"/> XX Large |
| <input type="checkbox"/> Medium | <input type="checkbox"/> XXX Large |
| <input type="checkbox"/> Large | |

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Signatures: (Optional based on congregational policy)

Adult Leaders: The Gathering will NOT collect signature forms from each youth participant. When registration data is entered online, it is assumed that proper parental permissions have been acquired based on congregational policies. We have added this portion of the worksheet for your convenience as needed. (Adult Leaders may wish to distribute other parental permission slips used by the congregation.) Consult the Gathering website www.lcmsgathering.com/prepare for information on covenanting and other group planning processes.

I agree to participate fully in all 2019 LCMS Youth Gathering events.

Participant Signature

I give permission for my son/daughter/ward to participate in the 2019 LCMS Youth Gathering.

I authorize the Adult Leader(s) of my son/daughter/ward's congregational group to consent to any medical treatment necessary for my child while attending or traveling to and from the LCMS Youth Gathering.

I declare that my child is covered by primary accident and medical insurance and assume all liability for injury to my child.

I give the LCMS Youth Gathering the right to use any images, videos or comments of my son/daughter/ward for publicity purposes related directly to the mission of the LCMS Youth Gathering. I understand that I will not be given any creative control over the finished product.

I understand that neither I, nor my son/daughter/ward will be compensated should the images be used.

Parent/Guardian Signature

Substitutions and Cancellations

Substitution

Cancellation

If this registration is a substitution, please provide the name of participant substituted:

Note: Substitutions cannot be made after May 29, 2019. Substitutions are NOT allowed on-site at the LCMS Youth Gathering.

A \$150.00 charge per person will be retained for cancellations made on or before May 29, 2019. The remaining funds will be refunded to the congregation through the Primary Adult Leader.