

2022 LCMS Youth Gathering Participant Worksheet

General Information

Sex: ____ F ____ M DOB: ____/____/____
First Name: _____ Middle Initial: ____
Last Name: _____
Email Address: _____
Year of High School Graduation: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____

Special Needs: ____ Yes ____ No
If yes, the Special Needs Form must be completed
(get from DCE Stephanie)

Number of previous Gatherings attended: _____

I prefer to not participate in Holy Communion

Emergency Contact Information

(Must be a person not attending the Gathering)

Name: _____
Relationship: _____
Phone: _____

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 to these entities.

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.

- X Small X Large
 Small XX Large
 Medium XXX Large
 Large

Signatures:

I agree to participate fully in all 2022 LCMS Youth Gathering events.

Participant Signature

I give permission for my son/daughter/ward to participate in the 2022 LCMS Youth Gathering.

I authorize the Adult Leader(s) of my son/daughter/ward's congregation 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

This form along with the nonrefundable \$200 registration fee is due on **October 17**.

If you have any questions, please contact Stephanie Karolus

dce@flicgainesville.org or 352-375-2062

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