

# 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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Cell Phone (Not Required): \_\_\_\_\_  
Year of High School Graduation: \_\_\_\_\_

I intend to partake in Holy Communion at the Gathering Worship Service.

Special Needs  Yes  No

If yes, the Special Needs Form must be completed.

## Emergency Contact Information

Emergency Contact *(Someone not attending the Gathering)*:  
\_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

How many LCMS Youth Gatherings have you attended?  
\_\_\_\_\_

## T-Shirt Size (Unisex)

Small       Medium       Large       XL  
 2XL       3XL       4XL       5XL

## Ethnicity (Optional)

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

Asian       Native Alaskan  
 Black/African American       Native American  
 Hispanic/Latino       Pacific Islander  
 Indian       White/Caucasian  
 Middle Eastern       Multiethnic

## Primary Language

English       Chinese  
 Spanish       French  
 German       Other

If other, please specify: \_\_\_\_\_

What other languages do you speak fluently?  
\_\_\_\_\_

## Gathering Wind Symphony and Choir

Gathering planners are working on opportunities for youth with musical gifts to serve during the Gathering Worship Service. The Gathering Wind Symphony and Choir are a great way to serve Gathering participants, meet new friends, and share your talents! The size and details of these groups, along with application and audition information, will be available Spring 2025.

### 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.

### 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/resources](http://www.lcmsgathering.com/resources), for more information on group covenants and other group planning processes.*

I agree to participate fully in all 2025 LCMS Youth Gathering events.

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(Participant Signature)

### Signatures (Cont.)

I give permission for my son/daughter/ward to participate in the 2025 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 I have adequate and applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in the event, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the event.

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 imaged be used.

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(Parent/Guardian Signature)

### Substitutions and Cancellations

- Substitution  Cancellation

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

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*Note: Substitutions cannot be made after May 28, 2025. 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 28, 2025. The remaining funds will be refunded to the congregation through the Primary Adult Leader.