

# Adult / Youth Registration Form

(COPY AS NEEDED)

## IOWA DISTRICT WEST JUNIOR YOUTH GATHERING

October 21-22, 2023 ~ Sheraton Hotel ~ West Des Moines, IA

Adult: \_\_\_\_\_ Youth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

Home Congregation & City: \_\_\_\_\_

**T-shirt size (adult sizes):** S, M, L, XL, 2XL, 3XL, 4XL (*extra small NOT available*)

Do you have special dietary needs: Yes / No Please explain: \_\_\_\_\_

Do you have any medical needs? Yes / No Please explain: \_\_\_\_\_

\*\*\*\*\*

I agree to participate and cooperate in every way at the District Junior Youth Gathering.

\_\_\_\_\_  
**SIGNATURE OF YOUTH**

.....

I give my permission for my son/daughter to participate in the 2023 Iowa District West Junior Youth Gathering and I have completed and signed the Health Form included in this registration. I understand that photographs and/or video/audio recordings made during this Junior Youth Gathering may include my child, and I authorize use of such photographs or recordings at the discretion of the IDW Junior Youth Gathering Committee and/or the Iowa District West.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

I have reviewed this form and the Gathering Covenant and certify that they are complete.

\*\*\*\*\*

**Health Form**  
(Please Print)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Family member/friend who can be responsible for student if you cannot be reached:

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special health conditions? \_\_\_\_ No \_\_\_\_ Yes Explain: \_\_\_\_\_

\_\_\_\_\_

Insurance Provider Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Title XIX: \_\_\_\_\_

I verify that the above medical information on my child is complete and accurate and that I have legal custody of the participant named above. I grant my permission for adult leaders at the Gathering to administer general first aid treatment for any minor injuries or illnesses experienced by my child. IN the event of an emergency, I hereby authorize the calling of an ambulance and/or physician at my expense to provide whatever emergency medical or surgical treatment is deemed necessary by a licensed physician.

I authorize release to the above insurance company any information needed to process a claim. I understand that I am financially responsible for all charges incurred.

SIGNATURE OF PARENT \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Iowa District West Junior Youth Gathering Covenant

In our baptism, the sinful self died and was buried with Christ, and the new self has risen with Him. God continues to call, gather, and enlighten us by the power of the Holy Spirit to live the new life of discipleship. At the Iowa District West Junior Youth Gathering we celebrate our new life in Christ and we live as the family of faith. In response to God's love for us, we love one another. This Gathering Covenant guides us to live in love while we celebrate and learn at this year's event.

1. I promise to participate in all Gathering activities as scheduled.
2. I will treat others with love, building each other up.
3. I will offer my respect to the leaders and to other youth. I will be respectful of the feelings of others.
4. I will give everyone and everything a fair chance, approaching each situation with a positive attitude.
5. I will be helpful to other participants and to gathering staff. Sometimes our most helpful response is to simply listen to others.
6. I will use our group leaders to help us resolve problems that may arise between another youth and me.
7. I will ensure one another's privacy by not entering rooms when not invited.  
I agree that NO COUPLES ARE TO BE ALONE IN ROOMS AT ANY TIME and I will obey that rule.
8. As a Christian citizen I will obey rules that are set by our group leaders, the Gathering staff, or other governing authorities for our health and safety. Among those rules are:  
\*No illegal drugs    \*No alcohol    \*No tobacco    \*Lights out and quiet time after 12 midnight
9. I will treat the property of the hotel with care. I understand that any damage caused may be billed to those responsible for the damage.
10. I agree that anyone who violates this covenant will be counseled and disciplined appropriately. A major violation may result in a youth being sent home with a parent.

In response to God's grace given in our Baptism, I promise to live by this Covenant at the Iowa District West Junior Youth Gathering at the Sheraton in West Des Moines, Iowa, October 21-22, 2023.

\_\_\_\_\_  
**SIGNATURE OF YOUTH**

I support the Iowa District West Junior Youth Gathering covenant and I have discussed it with my child.

In case of a major disciplinary issue during the Gathering (October 21-22, 2023), I understand that I may be asked to come and take my child home. I can be reached at:

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
**SIGNATURE OF PARENT**

# Activity Participation Agreement

## Activity Information

Name of sponsoring organization: Iowa District West-LCMS  
Address: 409 Kenyon Road, Suite B, Fort Dodge, IA 50501  
Name of sponsor's coordinator: Rhonda Mohr Telephone: 515-576-7666  
Description of activity: Inflatable games  
Date(s) and location of activity: October 21-22, 2023 | Sheraton-West Des Moines

## Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: \_\_\_\_\_  
Name of parents/guardians: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_  
List allergies or medical conditions: \_\_\_\_\_  
Is sponsor authorized to approve medical treatment?  Yes  No  
Is participant covered by personal/family medical insurance?  Yes  No  
If yes, name of insurer: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_

## Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant and/or ALL parent/guardians if participant is a minor)*