

# Adult or Youth Registration Form

(copy on *white* paper)

**Iowa District West Senior Youth Gathering**

**November 21-23, 2025**

**Holiday Inn—Airport Conference Center, Des Moines, IA**

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
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 \_\_\_\_5XL

Special health concerns? Yes / No Please Explain: \_\_\_\_\_

Approved for Communion by Pastor of Congregation: Yes or No

## Adult or Youth Commitment

I agree to participate and cooperate in every way at the IDW Senior Youth Gathering.

\_\_\_\_\_  
Signature of Adult Chaperone or Youth

## Parental Consent

I give my permission for my son/daughter to participate in the IDW 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 Youth Gathering may include my child, and I authorize use of such photographs or recordings at the discretion of the IDW Youth Gathering Committee and/or Iowa District West.

\_\_\_\_\_  
Signature of parent/guardian

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

*(This portion is to be completed by your pastor or youth leader prior to distribution)*

Please give your forms to \_\_\_\_\_ by \_\_\_\_\_  
(Pastor, DCE, or Youth Leader) (date)

with a payment of \$ \_\_\_\_\_ made payable to \_\_\_\_\_

## Health Form—Youth

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

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

Primary 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **IDW Senior Youth Gathering Covenant**

In our baptism we are blessed with power from the Holy Spirit; power to resist temptation and live in response to God's love for us. At the IDW Senior Youth Gathering we strive to share Christ's Word with others as we live as the family of faith. 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 our 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 put away my phone and electronic devices when my attention is expected elsewhere.
6. I will be helpful to other participants and to Gathering staff.
7. I will use our group leaders to help us resolve problems that may arise between other youth and me.
8. I will ensure other'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.
9. As a Christian citizen I will obey rules that are set by our group leader(s), the Gathering staff, and other governing authorities for my health and safety. Among those rules are:
  - a. No illegal drugs
  - b. No alcohol
  - c. No tobacco
10. I will be courteous to other hotel guests at all times. I will be in my room with the lights out by the designated time each night.
11. I will treat the property of the hotel with care. I understand that any damages may be billed to those responsible for the damage.
12. I agree that everyone who violates this covenant will be counseled and disciplined appropriately. A major violation may result in a youth being sent home with a parent.
13. I will remember that I have a great opportunity to be a Christian witness and reflect Christ's love in my words and actions.

In response to God's grace given in our Baptism, I promise to live by this covenant at the IDW Youth Gathering at the Holiday Inn—Airport Conference Center and Hotel in Des Moines.

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**Youth Signature**

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I support the IDW Youth Gathering Covenant and I have discussed it with my child. In case of a major disciplinary issue during the Gathering, I understand that I may be asked to come and take my child home. I can be reached at:

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**Primary phone number**

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**Parent Signature**

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# Application for Financial Assistance Iowa District West Youth Events

## Important Information:

- \* **This application is to be completed by the pastor or church professional of the youth attending.**  
Use a separate application for each youth.
- \* The applicant must be a member of an Iowa District West, LCMS, congregation.
- \* In the space provided (#3), explain the reason this youth is in need of financial assistance and any special circumstances that pertain to that need. This section must be completed.
- \* The policy of the Iowa District West Youth Services Committee is to award a maximum of 50% of the registration fee. Please apply only for the assistance genuinely needed.
- \* Families and congregations are to have primary financial responsibility.  
Please indicate the amount the congregation is able to contribute.  
District assistance is intended to supplement the family's and local support.
- \* Send the completed application by the event registration deadline to:

**Mail: Youth Department  
Iowa District West, LCMS  
409 Kenyon Road, Suite B  
Fort Dodge, Iowa 50501**

**Email: [emilie@iowadistrictwest.org](mailto:emilie@iowadistrictwest.org)**

## Applicant Information (please print or type)

Date of Application \_\_\_\_\_  
Name of Youth \_\_\_\_\_  
Parent(s)/Guardian \_\_\_\_\_  
Home Congregation \_\_\_\_\_ Town \_\_\_\_\_

## Financial Need (fill out completely)

- 1) Check the event the applicant will attend:  
Cub Week \_\_\_\_\_ Jr. High Week \_\_\_\_\_ Youth Week \_\_\_\_\_  
Jr. Youth Gathering \_\_\_\_\_ Sr. Youth Gathering \_\_\_\_\_
- 2) Cost of the event: \$ \_\_\_\_\_  
Amount the congregation is able to provide: \$ \_\_\_\_\_  
Amount of assistance requested: \$ \_\_\_\_\_
- 3) Explanation of the need/special circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Signature of pastor/church professional: \_\_\_\_\_

\* \* \* \* \* District Use \* \* \* \* \*

Signature of District Executive: \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_