Adult Chaperone or Youth Registration Form

Iowa District West Senior Youth Gathering - LCMS Camp Okoboji - Oct 2-4, 2026

Date: / /

Personal information

☐ Chaperone ☐ Youth

Full Name: Date: of Birth: / /

Age: Grade: Gender: ☐ Male ☐ Female

Full Address

Phone Number:

Home Church & City:

Approved for Communion by Pastor of Congregation: ☐ Yes ☐ No

T-Shirt Size (adult sizes): ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2XL ☐ 3XL ☐ 4XL ☐ 5XL

Special Health Concerns (please explain)

Adult or Youth Commitment & Parental Consent

As an adult chaperone OR youth participant, I agree to participate and cooperate in every way at the IDW Senior Youth Gathering *(Please sign in the space below)*

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. *(Parent(s) please sign in the space below)*

Fill this portion in prior to distributing to your groups

Please give your forms to by

with a payment of

made payable to