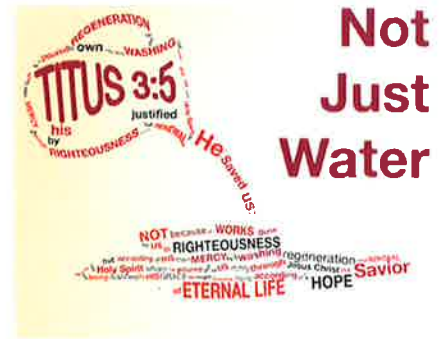


Welcome to “**NOT JUST WATER**” the **2025 Iowa District West Junior Youth Gathering**. All youth and Adult Leaders are invited to attend this event on October 18-19, 2025 to celebrate learning through music, Bible study, hands-on activities, worship, and more. Our Presenter is Pastor Kendall Meyer and our emcee will be DCE Tim Kightlinger.



ONLINE REGISTRATION!

Registration will again be done online under a new platform this year.

Please gather all of your group's information using the forms included and plan to enter your group's information all at once. When ready, you may access the online registration directly at:

<https://iowadistrictwestlcms.regfox.com/2025-iowa-district-west-junior-high-youth-gathering->

or by using the QR code on the poster that is included in this mailing. (Take your cell phone and open the camera app and hold it up to the square, it will take you to the District website. You will need to scroll down and click on “Registration Form For Leaders” under the Junior Youth Gathering area.) The deadline to register is September 15.

Enclosed in this packet are items for you to use to help with registration. **NO forms will need to be sent in.**

1. Registration Information Form – This has a lot of information regarding registration. Please read it carefully.
2. Adult/Youth Registration Form – This form has all the information on it that you will need to fill out the online form. Please make as many copies as you need.
3. Health Form – This is for you to have with you in case of an emergency. These will NOT need to be shared with the Junior Youth Gathering. Please make copies and share with each participant and make sure you have them filled out and with you at the gathering in case of an emergency.
4. Covenant Form – This is available for you to use to help ensure that the adults and students know how they should act at the gathering. Make as many copies as you need. These will NOT need to be shared with the Junior Youth Gathering.
5. Financial Aid Form – Please feel free to copy as needed. More information can be found on the form.
6. Poster – has information about the gathering as well as a QR code to scan to go to online registration.
7. Schedule of Events

The Registration cost is \$175 per person and includes lodging, three meals, all programming, and t-shirt. Payment should be made with **ONE CHURCH CHECK** sent directly to the District Office with Attention to Roger Curtis with Junior Youth Gathering written in the memo.

The Gathering will start on Saturday, October 18 with registration from 9am-10am. Gathering activities will begin promptly at 10am.

We look forward to a great Gathering weekend. If you need more information or if you have any questions, please contact Jenn Fuller (712-251-7197 or Jenn.Fuller@gdlc.church).

Junior Youth Gathering

Sheraton ~ West Des Moines, Iowa ~ October 18-19, 2025

Registration Information

Who may attend the Junior Youth Gathering?

- Any 6th, 7th, or 8th grade student
- Adult Leaders

What are the Adult Leader Requirements?

The Junior Youth Gathering requires that congregations send *at least* 1 adult for every 5 youth. Adult leaders must be 21 years of age or older, approved by your pastor, active in church, spiritually mature, and willing to be involved with youth. Congregations also choose one of their leaders as their Primary Adult Leader. Gathering confirmation and all other information will be sent to the information provided for the Primary Adult Leader.

You are encouraged to have a background check on all adult counselors. (The Synod recommends Protect My Ministry. For information go to www.protectmyministry.com/lcms.) If you have additional questions, contact Rhonda Mohr at the District office.

What is the COST?

Total Cost: \$175 per person (Due by September 15). There will be no exceptions to these fees and deadlines.

Cost includes 1 night's lodging at the Sheraton Hotel in West Des Moines (arranged through the Junior Youth Gathering Planning Team), 2 meals on Saturday and breakfast on Sunday, a T-shirt, and the total program.

Refunds: The District counts on those registered to keep our commitments as t-shirts, food and hotel rooms must be secured in advance. We strongly encourage finding a replacement for someone previously registered to attend. We will grant a refund if we receive it by October 6. If the cancelation is after t-shirts have already been ordered, a refund minus \$10 for the shirt will be granted.

More about the hotel: All rooms at the Sheraton accommodate 2 to 4 people (depending on the room) and will be assigned by our Registrar based on your group's needs. If you are open to sharing rooms or would need more rooms, please contact Jenn Fuller at 712-251-7197 or Jenn.Fuller@gdlc.church. Please note that additional rooms will be an additional cost to your congregation.

Pro tip: Choose a registration deadline for your participants to turn in their forms that is **earlier** than the actual deadline. Put this earlier date on all registration and publicity items. This will give you plenty of time to have a church check written and finalize other details before the Gathering's actual online registration deadline of **September 15**.

Registration is open now!

After completing your group's ONLINE registration, please send:

A payment of \$175 per person with **one church check** payable to Iowa District West - JYG

Mail to: Iowa District West
Attn: Roger Curtis
409 Kenyon Road, Suite B
Fort Dodge, IA 50501

Adult / Youth Registration Form

(COPY AS NEEDED)

IOWA DISTRICT WEST JUNIOR YOUTH GATHERING

October 18-19, 2025 ~ 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 2025 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 18-19, 2025.

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 18-19, 2025), I understand that I may be asked to come and take my child home. I can be reached at:

Telephone number

SIGNATURE OF PARENT

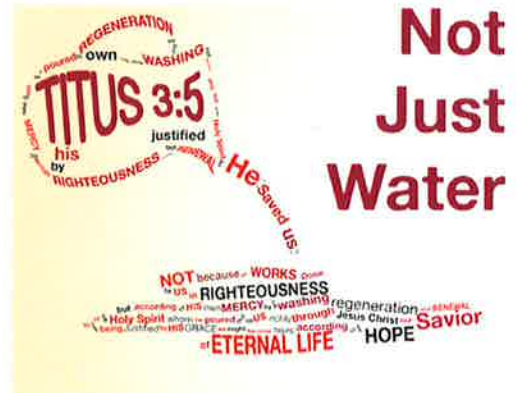
2025 Junior Youth Gathering Schedule

Saturday

- 9:00-10:00am: Registration
- 10:00-10:30am: Counselor meeting and opening fun
- 10:30-11:30am: Mass Event #1
- 11:35am-12:20pm: Lunch
- 12:25-12:55pm: Sectional #1
- 1:00-1:30pm: Sectional #2
- 1:35-2:35pm: Mass Event #2
- 2:40-3:00pm: Snack Break
- 3:05-3:35pm: Sectional #3
- 3:40-4:10pm: Sectional #4
- 4:15-5:15pm: Mass Event #3
- 5:20-6:30pm: Check-in & Dinner
- 6:35-10:00pm: Variety time
- 10:00pm: Head to rooms for devotions/reflections from the day
- 11:00pm: Lights out and in own rooms

Sunday

- 7:30-9:00am: Breakfast
- 9:15-10:30am: Worship
- 10:30am: Leave for home



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 18-19, 2025 | 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)

**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

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 1 ☐ Cub Week 2 ☐ 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 \$ _____