



# Youth Gathering Participant Form

## Participant

Youth     Adult (must be 21+)     Middle School Youth Gathering     High School Youth Gathering

Congregation Name \_\_\_\_\_ City \_\_\_\_\_  
 Participant Name \_\_\_\_\_ Gender  Male  Female  
 Date of Birth \_\_\_\_\_ Shirt Size  S  M  L  XL  XXL  XXXL  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Participant illness, allergies or special needs, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

## Parent/Guardian

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Contact Number(s) \_\_\_\_\_

## Liability & Insurance

*"I understand all reasonable care will be taken to avoid accident or injury to me or my child while at the Youth Gathering and release the staff of the Youth Gathering and the Southwestern Texas Synod from liability. In the event of medical emergency, I understand every effort will be made to contact me or the authorized person listed on this form. In the event we cannot be reached, I grant permission to the staff of the Youth Gathering to secure medical and/or surgical care for my child named above. I understand that the Gathering does not carry insurance and I agree to accept the expense of emergency care through my medical insurance and/or personal resources."*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Insurance Provider \_\_\_\_\_  
 Policy # \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

The Southwestern Texas Synod will have pictures or videos taken at events.

If any participant does not want to be included in these photos or videos, a written statement must be sent to the Southwestern Texas Synod office (Attn: Youth Gathering) two weeks prior to the event with parent / guardian signature.