



## SW MN Synod Junior High Youth Gathering November 21-22, 2025

*Please reproduce this form – one form for every youth and adult.*

Please, bring ORIGINAL to the Gathering, and keep a 2<sup>nd</sup> copy for your church leaders for the weekend of the Gathering.

Name of gathering participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Phone #: \_\_\_\_\_

T-Shirt Size (Adult sizes, circle one): S M L XL XXL  
*(\*\*If a larger is shirt needed, extra cost will apply)*

Parent/Guardian Name(s) #1: \_\_\_\_\_ #2: \_\_\_\_\_

Parent/Guardian Cell #(s) #1: \_\_\_\_\_ #2: \_\_\_\_\_

Are there any medical conditions or allergies that we should know about? (attach further explanation, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact** (for youth if parents unavailable & for adults in case of an emergency), please contact:

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

**Photo/Media Release Permission:** I give permission for the Gathering planners and our \_\_\_\_\_  
(Church Name Above)

Church leaders to use photos and videos that include the above participant for Youth Gathering communication and promotion of the event – including printed and social media platforms. \_\_\_\_\_ YES \_\_\_\_\_ NO

**Parent/Guardian Permission:** I hereby grant my permission for my child to attend the SW MN Synod Junior High Youth Gathering, to be held at the Willmar Convention Center and hotels in Willmar, MN November 21-22, 2025 with the \_\_\_\_\_ Lutheran Church Youth Group and its adult leaders. I also grant my permission,  
(Church Name Above)

in case of an emergency, for medical attention to be sought by the chaperones for my child's group and/or the persons in charge of the Gathering. I understand that all efforts will be made to notify me immediately of any such happenings.

Signed: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

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