

2024 ELCA Youth Gathering

CREATED

TO
the table

BE
MYLE
Young Adult Gathering

Registration **due October 15th**

Deposit of \$150 **due October 15th**

Checks payable to:
Ascension Lutheran Church

Full Name _____

Preferred Name _____

Date of Birth _____ Age _____

Gender _____ Grade Fall of 2024 _____

Email Address _____

Home Phone _____

Cell Phone _____

Adult T-shirt Size _____

Complete Home Address _____

Racial and/or Ethnic Identity

- ☐ African Decent or Black
- ☐ Asian or Pacific Islander
- ☐ Arab or Middle Eastern
- ☐ Multiracial/Multi-ethnic

- ☐ American Indian, Alaska Native
- ☐ Latino(a)
- ☐ European American or White

Special Needs (check all that apply)

- ☐ I have limited mobility, but I am able to board a bus with no assistance.
- ☐ I use a wheelchair full time.
- ☐ I have a sensory processing disability that makes me *(check all that apply)* ☐ sensitive to light ☐ sensitive to sound
- ☐ For the purpose of Service Learning, I am medically prohibited from *(check all that apply)*
 - ☐ prolonged exposure to sun or heat
 - ☐ handling certain food products
 - ☐ being around animal allergens

Roommate Request (will accommodate as possible) _____

Food Allergies _____

Issues/concerns adults should be aware of _____

Parent/Guardian Name _____

Relationship _____ Email _____

Home Phone _____ Cell Phone _____

_____ has permission to attend the Youth Gathering in New Orleans, July 16-20, 2024.

Emergency Contact: _____ Contact Number: _____

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact:

Name _____ Phone _____

Allergies _____ Physician _____

Insurance Company _____ Policy # _____

Medications _____

Parent/Guardian Signature _____ Date _____