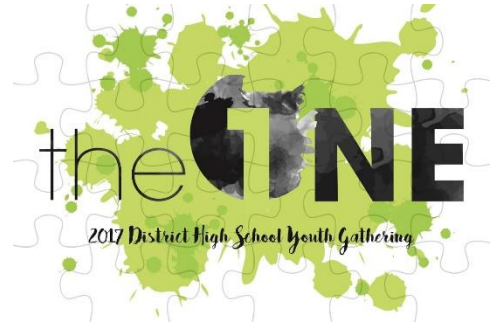


Primary Adult Leader/Adult Leader Registration



Primary Adult Leader

Adult Leader

Gender: F M

DOB: / /

Title (circle one): Mr. / Mrs. / Ms. / Rev. / Dcs.

First Name Middle Initial Last Name

Mailing Address

City State Zip code

Email Address

Cell Phone

The ONEGathering asks that each Adult Leader carry a cell phone at the Gathering and to supply their number to the ONEGathering staff to contact individual groups in case of a specific emergency. The ONEGathering will send text messages in emergency situations.

Primary Adult Leader Day Number

If you are a PRIMARY ADULT LEADER enter a Evening Phone number where we may reach you: Evening Number

I prefer to not participate in Holy Communion

Do you have any Special Dietary Needs (please tell us about them here):

Do you have Special Needs (If yes, briefly state the disability or special needs: (the Special Needs Form posted at the end of this registration) must be completed and mailed to: Amy Hubach, Grace Lutheran Church. 2700 S Kimball Ave. Caldwell, ID 83605 Yes No (If yes, Special Needs Form must be completed.)

T-shirt Size. X Small Small Medium Large X-Large XX Large XXX-L

If this registration is a substitution, please provide the name of the participant substituted

Note: Substitutions cannot be made after June 1, 2017. Substitutions will not be accepted on-site at the ONEGathering. A \$100.00 charge per person will be retained for cancellations made on or before May 15, 2017. The remaining funds will be refunded to the congregation through the Primary Adult Leader.

Youth Participant Registration

Gender: F M

DOB: ____ / ____ / ____

First Name _____ Middle Initial ____ Last Name _____

Email Address _____ Year of High School Graduation _____

Mailing Address _____

City _____ State _____ Zip code _____

Emergency Contact Information (Must be a person not attending the Gathering)

Name: _____ Relationship: _____

Phone: _____

I prefer to not participate in Holy Communion

Do you have any Special Dietary Needs (please tell us about them here): _____

Do you have Special Needs (If yes, briefly state the disability or special needs: (the Special Needs Form posted at the end of this registration) must be completed and mailed to: Amy Hubach, Grace Lutheran Church. 2700 S Kimball Ave. Caldwell, ID 83605) Yes No (If yes, please complete the Special Needs Form)

T-shirt Size X Small Small Medium X Large XX Large XXX Large

Permission to Release Information:

My name, address & email will be released Concordia University, Portland, OR for recruitment purposes

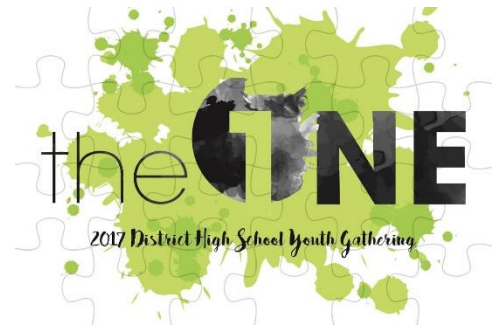
Yes No

Substitutions and Cancellations

Substitution Cancellation

If this registration is a substitution, please provide the name of participant substituted:

Note: Substitutions cannot be made after June 1, 2017. Substitutions will not be accepted on-site at the ONEGathering. A \$100.00 charge per person will be retained for cancellations made on or before May 15, 2017. The remaining funds will be refunded to the congregation through the Primary Adult Leader.



Special Needs Form

If you have a youth with special needs, please carefully read and complete this form. Please submit one form for each special needs youth with your group's registration materials. The ONEGathering, by their very nature, require that each participant be prepared to navigate significant distances either by walking or with the assistance of the group. Groups are encouraged to make arrangements for wheelchairs for participants who need them. The ONEGathering will provide reasonable accommodation for individuals with a disability. Participants with limited walking ability or who use wheelchairs need to complete the form below, and provide the required information from their health care providers. This information will be used to determine room assignments and other arrangements. Deaf and hard-of-hearing participants and their groups will be provided with sign language interpreters and captioning at all evening events. All participants with mobility impairments and their groups will be notified of special seating prior to the start of the ONEGathering. Dietary needs, including food allergies, should be discussed with adults in the participant's group and are not to be included on this form.

Person Requiring Special Needs: (circle one) Youth Primary Adult Leader Adult Leader

Gender: ___ F ___ M DOB: ___/___/___

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip code _____

Email Address _____

Primary Adult Leader Information Name _____

Telephone _____

Best Time to Call _____

Email _____

Briefly state the disability

I give permission to my health care provider (please list name) _____ to discuss my son's/daughter's/ward's disability with DCE Amy Hubach, registration leader.

_____ Parent/Guardian Signature

Health Care Professional Information Name _____

Address _____

City / State / Zip _____

Phone Number _____

Hours available during the work week for phone consultation with the Registration Leader: _____

Briefly state the above participant's needs while attending the Youth Gathering:

_____ Signature of Health Care Provider

The health care provider should keep a copy of this form in the patient's file.