

SPECIAL NEEDS WORKSHEET

If an Adult Leader or youth participant has special needs, please carefully read and complete this worksheet. You will be asked to move these answers to the Bravura registration system with the rest of your group's registration.

This worksheet is for congregational information-gathering purposes only. **Do not mail.**

The LCMS Youth Gathering, by its very nature, creates situations and programming which may be challenging to participants. This includes navigating significant distances (at minimum, three miles each day), Bible studies and sessions in large ballrooms, and Stadium Events with loud music and bright lights. The Special Needs team seeks to work with each Primary Adult Leader and participant to provide reasonable accommodations to make the Gathering as positive of an experience as possible.

For youth participants, parents should collaborate with the Primary Adult Leader on completing this worksheet. Once your registration is received, members from the Special Needs team will contact the Primary Adult Leader for more information. If helpful, a parent is welcome to join that call.

For the success of your youth, encourage parents to consult with their medical or mental health provider.

Participant Information (Youth or Adult)

First Name: _____

Last Name: _____

Sex: F M DOB: ____ / ____ / ____

Participant/Leader Email: _____

Participant/Leader Phone: _____

Primary Adult Leader Information

Same as above.

Name: _____

Telephone: _____

Email: _____

Best Time to Call: (check up to two)

- Weekday Morning Weekday Afternoon
 Weekday Evening Anytime Weekday
 Anytime Weekend

If Youth Participant, please include

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

What types of needs can we assist you with? (check all that apply)

- Mobility Assistance (transportation, hotel, etc.)
 Visually Impaired
 Deaf/Hard of Hearing
 Sensory Needs
 Developmental Disabilities
 Chronic Health Conditions
 Other

Briefly state the disability.

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

Is your group planning on doing on-site Service Learning or an off-site Servant Event? (Y/N)

Has the youth participant been on an overnight or off-site experience with this congregation? (Y/N)

Are you planning to register an Adult Leader (PCA, parent, or other adult) outside of the normal Youth-to-Adult Ratio to support this youth? (Y/N)

Has the previously mentioned Adult Leader traveled overnight with this participant previously? (Y/N)

I have consulted with my health care or mental health provider to discuss attendance of this event. (Y/N)