SPECIAL NEEDS FORM

If you have special needs, please carefully read and complete this form. Please submit this form with your group's registration materials.

Youth Gatherings, by their very nature, require that each participant be prepared to navigate significant distances (at minimum, three miles each day) either by walking or with the assistance of the group. Participants walk to and from hotels, around the convention center, and within the location for Stadium Events. Therefore, groups are encouraged to make arrangements for wheelchairs for participants who need them.

The LCMS Youth Gathering 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 hotel assignments and other arrangements.

Deaf and hard-of-hearing participants and their groups will be provided with sign language interpreters and captioning at all Stadium Events. All participants with mobility impairments and their groups will be notified of special seating prior to the start of the Gathering. There will be no early access provided to Minute Maid Park, the George R. Brown Convention Center or specific events.

Dietary needs, including food allergies, should be discussed with adults in the participant's group and are not to be included on this form.

Indicate

Congregational ID Number:
Person Requiring Special Needs: (check one) ☐ Youth ☐ Primary Adult Leader ☐ Adult Leader
Sex: 🗆 F 🗆 M DOB:/
First Name: Middle Initial:
Last Name:
Mailing Address:
City:
State:Zip code:
Email:

Primary Adult Leader Information

Name:

Telephone:
Best Time to Call:
Email:
Briefly state the disability
I give permission to my health care provider (please
provide information below) to discuss my son's/
daughter's/ward's disability with the Special Needs Team.
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 Special Needs Advisor of the	
Gathering:	
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.