



**Registration Information  
Sr. High Youth Gathering  
February 18-20, 2017  
Hilton Daytona Oceanfront Resort, Daytona Beach, FL**

**Cost and Deadlines**

The cost of the event this year will be \$110 per person for early bird registration (deadline January 18th) and \$120 for regular registration. Registration will open shortly.

The room rate is \$132 per night (single through quad). The final date to make your hotel reservations will be January 18, 2017.

Self-parking will be \$8 per night. Discounted bus parking of \$40 per day.

**Who can register?**

The Gathering specifically targets high school youth. To register, a youth must be in 9th, 10th, 11<sup>th</sup> or 12th grade during the 2016-2017 school year. Non-LCMS youth are certainly welcome to attend also!

**What is a Primary Adult Leader (PAL)?**

All communication between the Gathering committee and the congregation will be done through the Primary Adult Leader, whom we like to call our "PAL." The PAL will fill out the Church Registration form and see that all registration forms are complete. See the step-by-step registration directions.

**Who can be an Adult Leader?**

Adult leaders must be 21 years old at the time of registration. An adult leader is responsible for the care and nurture of their youth participants throughout the Gathering experience. The Gathering expects an adult leader to attend all activities and participate with their youth. They may be asked to "supervise" at least two event activities. The schedule for adult leader duties will be given at the Adult Leader Meeting on Saturday morning.

**Adult/Participant Ratio**

For safety we require that each church provide 1 adult leader for every **8** youth. This means

that even if you only have one male/female, you should have a male/female leader.

## **Hotel Requirement**

To participate in the Florida-Georgia District 2017 Senior High Youth Gathering you must stay at the Hilton Daytona Beach Oceanfront Resort.

## **Registration Forms, Procedures & Fee**

### ***REGISTRATION***

Each church will go to the [FLGA District website](#) to register their church, PAL and youth. (registration will be live by shortly)

Online you will be asked to provide

- Church information
- PAL contact information
- name of youth attending
- t-shirt sizes

You will see that you cannot complete the form without all your information. So gather it all up beforehand and just sit down and complete it. It shouldn't take long at all.

### ***HOTEL RESERVATIONS***

***You will be making your own hotel reservations.*** To participate in the gathering you must stay at the Westin Lake Mary. [To make those reservations, please use this link.](#)

**Hotel Rate is \$132 per night (1 – 4 people per room)**

**Hotel Reservation cut-off date: January 18, 2017**

### ***REGISTRATION FEE***

The early bird registration cost is \$110.00 per person for reservations made on or before January 18, 2016. After that the registration fee increases to \$120 per person.

***The price covers all program and administrative costs, pizza, a snack and a t-shirt for each participant. It will be less expensive for everyone to eat meals on your own! There are many cost-effective eating establishments very close to the hotel.***

**Gathering registration cut-off date: February 4, 2017**

**Send payment within a week of registering to:**

**The Florida-Georgia District  
5850 T G Lee Blvd Suite 500  
Orlando, FL 32822  
Attn: Cindy Hammerstrom**

**Or pay online on the [District website](#).**

### ***Medical and Liability Forms***

Please complete these forms and keep the original with you at all times. Make a copy and have your student carry theirs at all times. ***You do not need to send copies of this information to the district office.***

### ***Gathering Covenants***

Your registration downloads include a sample covenant. Please use this tool in your pre-gathering meetings with

your youth. Each group is expected to have adopted a group covenant customized to your group. DO NOT attend this gathering without a group covenant. Please do not return this covenant to the gathering registrar. Simply edit it, if necessary, have it signed by your participants and adult leaders, and keep it for your records.

# Individual Registration & Emergency Medical Information Form

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-shirt size \_\_\_\_\_

Email: \_\_\_\_\_ Type of attendee Youth Adult Leader

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Relationship to person: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any special needs: \_\_\_\_\_

Emergency and Health Information (If yes to any questions, please provide explanation and pertinent information)

Date of last Tetanus shot? \_\_\_\_\_

Do you have:

\_\_\_ Allergies \_\_\_\_\_ \_\_\_ Heart Condition \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_ \_\_\_ Other \_\_\_\_\_

Do you have a reaction to:

\_\_\_ Bee Stings \_\_\_\_\_ \_\_\_ Penicillin \_\_\_\_\_ \_\_\_ Other Drugs \_\_\_\_\_

\_\_\_ Plants \_\_\_\_\_ \_\_\_ Other \_\_\_\_\_

Are you subject to:

\_\_\_ Headaches \_\_\_\_\_ \_\_\_ Seizures \_\_\_\_\_ \_\_\_ Fainting \_\_\_\_\_

\_\_\_ Sleep walking \_\_\_\_\_ \_\_\_ Asthma \_\_\_\_\_ \_\_\_ Other \_\_\_\_\_

Any serious illness or surgery in the past 10 years? \_\_\_\_\_

Any condition that would prevent participation in activities? \_\_\_\_\_

Any drugs ineffective in treatment? \_\_\_\_\_

Sight or hearing impaired? \_\_\_\_\_

Please list all medications currently being used \_\_\_\_\_

Please indicate anything else that would be important for adult leaders to know in case of emergency \_\_\_\_\_

*I will participant fully in the District Middle School Gathering and seek to help others to do the same.*

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's/Guardian Signature (for those under 21) \_\_\_\_\_

Date \_\_\_\_\_

Primary Adult Leader's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medical and Liability Release Form  
RELEASE OF ALL CLAIMS**

**(To be completed by adult participants and the parents/guardians of youth participants)**

In consideration for participation in the 2017 Florida/Georgia District High School Gathering, **“CHOSEN”**, we/I, being 21 years of age or older), do for ourselves/myself (and for and on behalf of our/my “Child-Participant” if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Florida/Georgia District of the Lutheran Church Missouri Synod, the Lutheran Church-Missouri Synod, and \_\_\_\_\_ (name of home congregation) and any directors, employees or agents therefrom (hereinafter collectively referred to as Designee”) thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Child-Participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we/I [and on behalf of our/my Child-Participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Designee to furnish any necessary transportation, food and lodging to this Child-Participant.

The undersigned further hereby agree to hold harmless and indemnify Designee, for any liability sustained by said Designee as the result of the negligent, willful or intentional acts of said Child-Participant, including expenses incurred attendant thereto.

Consent is given to the photographing of Child-Participant and the recording of Child-Participant’s voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. It is understood that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further consent is given to the reproduction and/or authorization by the Florida/Georgia District LCMS to reproduce and use said photographs and recordings of Child-Participant’s voice, for use in all domestic and foreign markets.

(if the participant has not attained the age of 21 years):

For the period from \_\_\_\_\_ to \_\_\_\_\_, we/I are the parent(s) or legal guardian(s) of this Child-Participant, and hereby grant our/my permission for him/her to participate fully in said trip, and hereby give our/my permission, in accordance with this authorization and pursuant to the Health Information Portability and Accountability Act of 1996 and its progeny, (See Exhibit “A” Attached hereto) to take said Child-Participant to a doctor or hospital and hereby authorize medical and/or dental treatment, including but not in limitation to emergency surgery or medical and/or dental treatment, and assume the responsibility of all medical/dental bills, if any

Further, should it be necessary for the Child-Participant to return home due to medical reasons, disciplinary action or otherwise, we/I hereby assume all transportation costs.

\_\_\_\_\_  
Type or Print full name of Child-Participant

\_\_\_\_\_  
(Father) (Mother)

\_\_\_\_\_  
(Parent or Legal Guardian Signature) (Participant signature, if age 21 or older)

Hospital Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**EXHIBIT "A"**  
**AUTHORIZATION FOR USE OR DISCLOSURE**  
**OF PROTECTED HEALTH INFORMATION**

This is an authorization under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 [45 CFR§164.508]. We/I authorize any healthcare provider, hospital, EMT, ambulatory surgical center, walk-in health care clinic, emergency room doctor, nurse or other health care provider/entity to obtain and/or release protected health information (PHI) regarding "Designee" as set in the "Medical and Liability Release Form", for the purposes of:

- \_\_\_ obtaining protected health information from Designee or any other health care provider for the purposes of providing emergency treatment and care to "Child Participant" as that term is defined in the "Medical and Liability Release Form;
- \_\_\_ use the following protected health information, and/or
- \_\_\_ disclose the following protected health information to any Designee, or its director(s) employee(s), or agent(s), including, without limitation, [*Name of entity or person(s) to receive information*]:

Florida Georgia District of the Lutheran Church—Missouri Synod  
Lutheran Church Missouri Synod

\_\_\_\_\_

\_\_\_\_\_

In addition to the above, the names or class of people authorized to use or disclose are as follow:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The PHI authorized herein is being used and/or disclosed in order to provide treatment and care to Child Participant and to obtain medical information about said Child Participant's illness, injury, or medical condition.

This authorization shall be in force and effect beginning on \_\_\_\_\_ and shall remain in full force and effect until \_\_\_\_\_ date or (2) upon such time as the Parent(s) and/or Guardian(s) are present or able to demonstrate their legal responsibility to assume such authority to obtain and disclose PHI at which time this authorization to use or disclose this authorization expires.

We/I understand that we/I have the right to revoke this authorization, in writing, at any time by providing such written notification to the healthcare provider at the address where such health care is being rendered and to the attention of the healthcare provider. We/I also understand that a revocation is not effective to the extent that the healthcare provider has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

We/I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

The healthcare provider will not condition his/her/its treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether we/I provide authorization for the requested use or disclosure except: (1) if our/my treatment is related to research, or (2) health care services are provided to us/me solely for the purpose of creating protected health information for disclosure to a third party.

This Authorization for Use and Disclosure of PHI is NOT extended to any marketing efforts, which might benefit the treating healthcare provider or entity,

Signed by us/me this \_\_\_\_ day of \_\_\_\_\_, 20 .

Father

Mother

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Legal Guardian

Legal Guardian

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Patient Above

## **FL/GA District-LCMS High School Gathering 2017 Covenant**

**A covenant is a promise or agreement between two or more people. This group Covenant contains our promises and commitments to each other for how we will act, interact, and react at the Gathering. You may wish to add items specific to your youth group.**

We agree to honor one another as members of God's family during this Gathering experience by treating each other in the following Christian manner:

- Show concern for other's physical and emotional well being (Matt. 19:19)
- Use words that build people up, avoid put-downs and sarcasm at all times (1Thes 5:11)
- Have a positive attitude and be flexible when things go wrong or schedules change
- Deal with any problems that may arise in a Biblical manner (Matt. 18:15-17)
- Pray for one another (James 5:16)

We agree to care for each other in our group by helping each other in these ways:

- Offer to carry luggage, open doors, or assist with any job even before being asked
- Be on time for meetings, so we don't hold everyone up
- Not try to "sneak out" of commitments made in this covenant
- Be tidy in rooms and considerate of other sleep needs (not staying up all night talking)

In addition, we expect our Adult Leaders to:

- Model a Christ like, servant motivated attitude to all
- Follow all the same rules youth must follow
- Show patience and try to get the "whole story" before reacting
- Be flexible when change of plans or rules is needed
- Show a lighthearted, loving, and fun side of themselves
- Consult youth in decision making as much as possible
- Follow this covenant fairly when dealing with problems

In this Covenant, we willingly agree to abide by these rules and expectations set by Lake Yale Conference Center and the District Gathering Committee:

- Full participation in Gathering events
- Abide by quiet time and lights out guidelines.
- Always travel in groups of 2 or more
- Adults must accompany youth to dorm rooms or motel rooms
- Be respectful of all property, including the natural habitat.

I agree to dress in modest fashion. If an adult tells me to change clothes, then I will change. I will dress in agreement with the following guidelines :

- I will not wear strapless tops or midriff revealing clothing.
- I will wear modest length shorts that fit properly. (no underwear showing)
- If I wear a two-piece swimsuit, I will wear a shirt over it.
- I will not wear any clothing with inappropriate words or pictures that are not in keeping with our Christian standards.

If an individual participates in any activities or others deemed severe, he/she will be sent home immediately at the parents/guardians expense. The following are examples of severe actions.



- Possessing an alcoholic beverage, narcotic, or tobacco product
- Possessing a weapon
- Breaking the law
- Inappropriate sexual behavior

When someone fails to keep their promise this covenant, we will handle the problem with the following consequences:

- They may be asked to consult privately with the Adult Leader or other youth involved
- Youth may be required to sleep on the floor in an Adult Leader's room (same gender)
- Youth may be required to spend part or all of a day under the direct supervision of an adult leader

This covenant shall serve as my promise to the other members of the group as my commitment to abide by the guidelines of the covenant. All members are responsible for honoring and upholding this covenant, and all members are responsible to remind others of the importance of the covenant.

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Participant's Signature (Youth and Adult)

Date

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Parent or Guardian's Signature

Date

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Primary Adult Leader Signature

Date