



Registration Information

November 1-3, 2019

Lake Yale Baptist Conference Center

- **Cost and Deadlines**

The cost of the Leadership Event will be \$172 per person for early bird registration (deadline October 3rd) and \$182 for regular registration. Last day to register is October 11th. Registration is open!

- **Who can register?**

The High School Leadership Training Event is specifically designed to enhance the leadership skills of high school age youth who have either demonstrated the ability to provide effective leadership among their peers and others, or exhibit the potential to lead effectively. The event is limited to 40 participants.

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

Although the HSLE attendees do not need a primary leader to attend with them, we will still need a Primary Adult Leader contact. The contact would be the main adult contact to provide information to regarding the event, any changes. If you are bringing a middle school group also, the Middle School PAL can be that person.

- **Will we need to bring an extra Adult Leader specifically for this event?**

Currently needed are 2 adult female leaders who are willing to help the leadership in the following ways:

Facilitate groups, as needed, to encourage interaction and conversation
Take pictures and videos during activities and games
Maintain an adult leader presence in the cabins at night and accompany youth from North Camp to meal location
Oversee events and discussions to help facilitate discussions

If you have a female adult leader who loves to work with high school youth, has the capacity and willingness to step in as needed and who you feel would be a great fit for this, please respond to Cindy Hammerstrom at chammerstrom@flgadistrict.org with their name and contact information.

- **Scholarship Information**

If there is a financial need for a youth scholarship, there are funds available from the Sally Serrine Scholarship fund. The maximum amount of scholarship available per individual youth attendee is \$50. You can find that form on the registration website.

- **Registration Forms and Fee**

Each church will go to to <https://flgadistrict.org/hsyg/> to register their church, PAL, and youth.

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 online form without all your information. So gather it all up beforehand and just sit down and complete.

Final date to register for early bird cost of \$172pp is **October 3, 2019. Regular registration is \$182pp and the final date to register is **October 11th, 2019.** *The per person price covers all program and administrative costs, low ropes course, tshirt, snacks and meals.***

Please send payment within a week of registering to:

***The Florida-Georgia District
5850T G Lee Blvd, Suite 500
Orlando, FL32822
Attn: Cindy Hammerstrom***

- **Accommodations**

All attendees will be housed in camp/cabin facilities. Each attendee will need to bring bedding or sleeping bag, a pillow and towels.

- **Medical Forms**

Please complete these forms and keep the original with you at all times. Make a copy and have your student carry theirs also. YOU DO NOT NEED TO SEND COPIES OF THIS INFORMATION TO THE DISTRICT OFFICE.

- **Covenants**

Your registration download includes a sample covenant. Please use this tool in your pregathering 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 _____ Email: _____
Grade 6 7 8 Juni T-shirt size _____

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 High School Leadership Event 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 2019 FLGA High School Leadership Training Event, 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 :

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 _____, 2019.

Father

Mother

Name:_____

Name:_____

Legal Guardian

Legal Guardian

Name:_____

Name:_____

Print Name of Patient Above

FL-GA District-LCMS High School Leadership Event 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

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 guidelines set by our church:

- 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.

Participant's Signature (Youth and Adult) Date

Parent or Guardian's Signature Date

Primary Adult Leader Signature Date