



Registration Information

- **Who can register?**

The Gathering specifically targets middle school youth. To register, a youth must be in 6th, 7th, or 8th grade during the 2019-2020 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 will also be asked to "supervise" at least two event activities, inflatables, etc. The schedule for adult leader duties will be given at the Adult Leader Meeting on Friday night.
- **Adult/Participant Ratio**

For safety we require that each church provide 1 adult leader for every **6** attendees under the age of 18. This means that even if you only have one male/female, you should have a male/female leader.
- **Scholarship Information**

If there is a financial need for a youth scholarship that will prevent them from attending, 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**



You can get all the information and register your church, PAL, and youth here - www.flgadistrict.org

Online you will be asked to provide

- Church information
 - PAL contact information
 - name of youth attending
 - breakout information,
 - t-shirt sizes
 - some basic rooming preferences
- The Gathering Registrar will tell you the type of housing that your youth are placed in on the confirmation email a week or so prior to the event. **Please note - change in policy! If your group size is 25 or over you will automatically be housed in a camp.** Thank you for your cooperation in this.
 - You will still need to make payment, download, complete and bring along individual registration and medical forms to the camp. The registration cost is \$172pp for early bird, and \$182pp regular registration (To ensure that price, you will need to make payment within one week of registering.) You can do that by going online to www.flgadistrict.org or by mailing a check to:

*The Florida-Georgia District 5850 T
G Lee Blvd, Suite 500
Orlando, FL32822
Attn: Cindy Hammerstrom*
 - **Final date to register for early bird is October 3, 2019.** Regular registration has a final registration date of **October 11, 2019.** *The per person price covers all program and administrative costs, two nights lodging, four meals, and a t-shirt for each participant.*

- **Substitutions**

Substitutions can be made online until the final registration deadline of **October 11, 2019**. After that you will need to contact Cindy Hammerstrom at 407-258-5042 to make any same gender substitutions.

- **Medical Forms**

Please 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 these to anyone else.***

- **Gathering Covenants**

Your registration download 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.

- **Getting to the Gathering**

Lake Yale Baptist Conference Center is located approximately 6 miles north of downtown Eustis, Florida on County Road 452 in Lake County. See their [website](#) to download directions to the center.

- **Miscellaneous Gathering Information**

- Please do not forget to be prepared to bring towels and bedding for each member of your group. ***If you are roomed at a camp, please plan to bring these.***
- If you are roomed in a hotel style room you will NOT need these.
- You will be notified in your confirmation email of the need for towels and bedding.
- Bring bug spray also as we will be on a lake and bugs like water!!
- There will also be a snack bar and a bookstore so have your students bring extra money.
- Be prepared to see lots of exciting wildlife, but also warn your students as to the dangers of such. Remind them not to try to touch or catch any wildlife they might see.

- **Servant Event**

We will be announcing our Servant Events this year when registration goes live.

- **Breakouts**

Breakout sessions will be announced as we get closer to the event.

FORMS AND COVENANTS

There are several forms for each attendee to complete. These should be completed and brought to the Gathering. **We ask that each Primary Adult Leader keep these forms with them.** If your congregation already has a master document for a covenant or you can use those, IF all the information that is on the Gathering form is also on your congregation's master form. The rest of the documents are specifically for the Gathering and FLGA District and as such, need to be completed.

LAKE YALE BAPTIST CONFERENCE CENTER BACKGROUND CHECK FORM (NEXT PAGE)

Please be aware that Lake Yale requires all adults (21 yrs or older) to have a background check. This background check can be from a place of employment, school, church etc. The following form is for you to verify that all adults have the background check. **THERE IS NO NEED TO BRING THE ACTUAL BACKGROUND CHECK WITH YOU** (since it may contain highly confidential information). They require that should they request the background check that it can be sent via overnight mail.



Lake Yale Baptist Conference Center

Telephone: (352) 483-9800
Fax: (352)483-9820
E-Mail: lakeyale@flbaptist.org

39034 CR 452
Leesburg, FL 34788
Web site: www.flbaptist.org

_____ is at Lake Yale Baptist Conference Center from
_____ to _____ with
their _____ group. The following
is an itemization of the counselors / supervisors on whom they have run background checks in
compliance with Lake Yale Baptist Conference Center policies and the State Florida regulations.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Group Representative Signature

Date

Group Representative Name Printed

LYBCC Witness Signature

Date



A Ministry of the Florida Baptist Convention
1230 Hendricks Avenue, Jacksonville, FL 32207-8696

Individual Registration & Emergency Medical Information Form

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____

Male Female Date of Birth _____ T-shirt size _____

Email: _____ Grade 6 7 8 Junior Guide 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 2019 Florida/Georgia District High School Gathering, **"I AM"**, 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 Middle School Youth Gathering 2019 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 guidelines set by Lake Yale Conference Center:

- 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