

High School Leadership Event 2024

General Information

- **Who can register?**

The event specifically targets high school youth. High school students who have leadership potential will experience training in their leadership skills and fellowship with other high school youth from the District. To register, a youth must be in 9th-12th grade during the 2024-2025 school year.

Registration will be limited to a total of 60 participants. 30 freshmen/sophomores and 30 juniors/seniors – no more than 4 high school students per church. There will be separate tracks for each group.

If you feel a high school student would benefit from this and would take you over that number, please contact Nick Moss at nmoss@stpaulalakeland.org.

- **Registration cost and dates**

Registration is \$205 per person through 9/16/24. After that date, the cost will be \$230 per person. The final date to register is **September 23, 2024**. *The per person price covers all program and administrative costs, two nights lodging and four meals.*

- **Scholarship Information**

If there is a financial need for a youth scholarship that will prevent them from attending, there are funds available from the Youth Ministry fund. The maximum amount of scholarship available per individual youth attendee is \$50. You can find that form [here](#).

- **Late Registrations/Cancellations**

While we try to accommodate registrations after the deadline, it may not be possible. Please be aware that any additions made after October 28 will be charged \$25 per person, per day by Lake Yale. Registering after October 30 will increase the registration amount by \$75. No cancellations will be accepted after October 25.

- **Registering Your Group**

Get all the information and register your high school youth [here](#). The registration software allows you to make a credit card payment or to pay by check.

You will be asked to provide:

1. Church information
2. Youth Leader or Adult contact information
3. name of youth attending

- **Substitutions**

Substitutions can be made until **October 21, 2024**. After that you will need to contact Cindy Hammerstrom at 407-258-5042 to make any same-gender substitutions.

- **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.

- **Checking in to the Gathering**

Lake Yale Baptist has a 24-hour guard gate at the entrance. In order to gain entrance you will need to let them know your first and last name and your group name. After entering you will proceed to North Camp and drop your students off with the leaders.

- **Sunday Worship**

All participants will attend worship on Sunday in the Maguire Auditorium. It can get loud and noisy. Please plan appropriately for your attendees with sensory issues.

- **Miscellaneous Gathering Information**

- **Suggested Packing list**

- We are in the CAMP- Bring sleeping bag or sheets, blanket, pillow and towel
 - · Toiletries-bring shampoo and soap as well (Ziploc bags work best!)
 - · Bug Spray and Sunscreen
 - · Appropriate Clothing
 - · No clothing with inappropriate words or pictures that are not in keeping with Christian standards.
 - · No strapless or midriff revealing top
 - · Walking/running shoes, no flip-flops
 - · Any Medications- If medication are brought, please list the medications and include instructions on when and how often your youth is to take his/her medicine. Please **INCLUDE MEDICATION IN THE ORIGINAL CONTAINER**
 - · Please pack an extra set of clothes
 - · An offering for Sunday worship
 - · \$ Extra money- There may be opportunities to purchase snacks from the snack bar during free time.

Remember!

Be prepared to see some exciting wildlife, but also warn your students that they can be dangerous. Remind them not to try to touch or catch any wildlife they might see.

FORMS AND COVENANTS

There are several forms for each attendee to complete. These should be completed and brought to the Gathering. **Please complete all the forms below and have the high school student turn them in to Nick Moss on Friday night.**

- **Forms**

- Download, complete and bring with you the following required forms which are included in this document. These documents are specifically for the Gathering and FLGA District and as such, need to be completed.
 - Individual Registration and Emergency Medical form
 - Medical and Liability Release Form
 - Authorization for use or disclosure of protected health information
 - The Lake Yale Background Check confirmation form
- **The form named below will need to be signed, requires a signature from an Authorized Representative of the church.** If you are not an authorized representative, please make sure that it is signed by one. Turn this form in with all the other forms to Nick Moss.
 - A signed copy of the *Events Involving Minor Children Form*

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 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). Lake Yale requires that if they request the background check that it can be sent via overnight mail..

Individual Registration &

Emergency Medical Information Form (You can use the medical form from your church if you choose. Be sure to bring it along!)

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____

Male Female Date of Birth _____ T-shirt size _____

Email: _____ Grade 6 7 8 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 an 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 participate fully in the District Youth 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 2024 Florida-Georgia District High School Leadership 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 _____, 2024

Father

Mother

Name:

Name:

Legal Guardian

Legal Guardian

Name:

Name:

Print Name of Patient Above

Florida-Georgia District, LCMS
Events Involving Minor Children Certification

As _____ located at _____
(Organization Name) (Address, City and State)

And working with minor children, we attest to the following:

- 1) Each employee and volunteer sign a release form which is kept on file that allows organization to request a criminal background check.
- 2) Each employee and volunteer are screened through background checks prior to serving in an event involving minor children.
- 3) Each employee and volunteer are trained on what constitutes abuse/molestation and how to respond.
- 4) Each employee and volunteer are trained in how to identify events, patterns or trends that can indicate abuse.
- 5) Each employee and volunteer are trained in how and to whom to report concerns or incidents without fear of retribution. Reports should be made to appropriate authority and District Executive Jennifer Tanner.
- 6) Each employee and volunteer understand how to protect any victims from harm during an investigation.
- 7) Your church agrees to review your employee and volunteer policies and procedures annually to analyze if any changes are necessary to prevent any abuse/molestation occurrences.

Signature – Authorized Representative

Print Name

Date

RESOURCES

Training Resources: Ministrysafe.com

Background check vendor: aaimea.org

Background check vendor: protectmyministry.com



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