

florida **georgia** 2024 Middle School Youth Gathering
district

PRESSURE

INFORMATION PAGES

General 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 2024-2025 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-the PAL. The PAL will complete the registration form, be the primary responsible adult for the group and the main contact for all Gathering for any updates, concerns, etc. while at the event.

- **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" event activities. The schedule for adult leader duties will be given at the Gathering.

- **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, four meals, and a t-shirt for each participant.*

- **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 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 church, PAL, and youth [here](#). The registration software allows you to make a credit card payment or to pay by check.

You will be asked to provide:

- Church information
- PAL contact information
- name of youth & adults attending
- Saturday afternoon choices for each youth attendee
- t-shirt sizes
- your rooming preferences

The Gathering Registrar will confirm your housing type in an email about a week before the event. **If your group size is 25 or over you will automatically be housed in a camp.** Thank you for your cooperation in this.

• **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.

• **Gathering App**

The event will be using an app. The schedule, map, breakout session locations and evaluations will be found there. We will also be pushing out any notifications regarding changes or other important information. Both you and your adult leaders should download it, if you don't have it already. From the Apple store or GooglePlay search for *Florida-Georgia District LCMS*.

• **Mass Events**

All participants will be gathered in the Maguire Auditorium for the Mass Events. It can get loud and noisy. Please plan appropriately for your attendees with sensory issues.

• **Miscellaneous Gathering Information**

- **If you are roomed at a camp, please plan to bring towels and bedding for each member of your group. (sleeping bags will work)**

- If you are roomed in a hotel-style room you will NOT need these.
- Bring bug spray also as we will be on a lake and bugs like water!!
- 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 and Breakout Information**

You will need to sign up each person for a breakout on the registration form. **A list of the sessions and servant event information can be found here.**

• **Suggested Packing list**

- If you are in 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.



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 in case of an emergency.**

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
- A signed copy of the Events Involving Minor Children Form

The form named below will need to be signed, completed and turned in at registration. Please be aware that it 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.

- A signed copy of the ***Events Involving Minor Children Form***

Gathering Covenant

This document includes 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. If you already have a group covenant that adheres to the Gathering guidelines, please use that. It is in your best interest to attend this gathering with 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.

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 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 2024 Florida-Georgia District Middle School Gathering, "**Pressure**, 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

FLGA District-LCMS Middle School Youth Gathering 2024 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