INFORMATION PAGES

General Information

- **Who can register?**

  This retreat specifically targets high school youth. To register, a youth must be in 9th - 12th grade during the 2026-2027 school year. Non-LCMS youth are also welcome to attend.

- **Why a Retreat?**

  The High School retreat will provide an opportunity for high school students from across the Florida-Georgia District to step away from the busyness of everyday life and spend time growing in faith, building friendships, and having fun together.

  Throughout the weekend, participants will experience worship, devotions, prayer, campfires, games, team-building activities, and intentional time in Christian community.

  Churches also have the opportunity to invest in their youth by encouraging them to participate in this meaningful retreat experience.

- **How is this different from the High School Leadership Event?**

  The High School Retreat is open to **all** high school students—not just those who demonstrate leadership potential. Whether your student is a natural leader or simply looking to deepen their faith and connect with other Christian teens, everyone is welcome.

- **How is this different from the Middle School Youth Gathering?**

  While being held at the same location, time and date as the Middle School Youth Gathering, it is a completely separate event with its own schedule, activities, and planning team.

  Unlike the Middle School Youth Gathering, churches and schools **do not need to provide adult chaperones** for high school participants. The retreat will be led by a team of District Directors of Christian Education (DCEs), pastors, and trained young adult volunteers.

  High school students may arrive with a middle school group or be dropped off by a responsible adult. **Participants may not drive themselves to the retreat.**

- ## Registration Cost and Deadlines
  - **$205 per person** through **September 23, 2026**
  - **$230 per person** beginning **September 24, 2026**
  - **Final registration deadline: October 6, 2026**
  - **Registration Link**

  The registration fee includes:
  - All retreat programming
  - Administrative costs
  - Two nights of lodging
  - Four meals, plus snacks and drinks
  - A retreat T-shirt

- ## Scholarship Information

  We never want finances to prevent a student from attending. If a family has a financial need, scholarship assistance is available through the District Youth Ministry Fund.

  Maximum scholarship available: **$50 per student**

  A scholarship application can be found here.

- ## Late Registrations/Cancellations

  Please note the following dates and costs of late registrations and cancellations.

  Substitutions can be made until October 27, 2026. After that you will need to contact Cindy Hammerstrom at 407-258-5042 to make any same-gender substitutions.'

  No cancellations will be accepted after November 4.

  While we will make every effort to accommodate registrations after the deadline, space cannot be guaranteed.

  Please note:
  - In the event we can accommodate late requests, any registrations made after November 2 will incur a $25 per person, per day fee charged by Lake Yale.
  - Registering after this date will increase the registration cost by $75 per participant.

- **Pre-Conference Zoom Meeting**
  - An informational Zoom meeting for all Responsible Adult Leaders and PALS will be held:
  - **Monday, October 20 7:00 p.m. (Eastern)**
  - Watch your email for the meeting link and additional details.

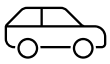
- **Registering Your Group**

  Register your High School participants using the online registration system. Payment may be made by credit card or check. An adult will need to register the participant. That may either be the church's Primary Adult Leader or a Responsible Adult (parent or guardian) if they are not coming with a larger group.

  During registration you will be asked to provide:
  - Church/school information
  - Responsible Adult name and contact information
  - Student name
  - Grade level
  - Student mobile phone number
  - T-shirt size

- Housing

  The High School Retreat housing will be in bunkhouses. Youth will need to bring their own linens, towels and pillows.



- **Getting to the Retreat**
  - The Gathering is held at **Lake Yale Baptist Conference Center** -
    Located approximately six miles north of downtown Eustis, Florida, on County Road 452.
  - See their website to download directions to the retreat.

- **Checking in to the Gathering**

  Lake Yale has a 24-hour manned security gate.

  When you arrive, simply provide:
  - Your first and last name
  - That you are attending the Lutheran High School Retreat in North Camp
  - Follow the signs to North Camp and drop off your student(s) at the GA Lodge - it will be the first building on your left.

- **Suggested Packing list**

  - **Clothing**
    - Comfortable, modest clothing appropriate for outdoor activities
    - A pair of walking or running shoes
    - An extra change of clothes
    - Light jacket or sweatshirt for cool evenings
    - Please avoid clothing with words or images that are not consistent with Christian values. Strapless tops and midriff-baring clothing are not permitted.

  - **Personal Items**
    - Bug spray
    - Sunscreen
    - Toiletries (shampoo, soap, toothbrush, etc.)
    - Medications (if applicable) - Students are responsible for their own medications. Medication details must be provided on the Medical Form that is part of this packet.
    - Pillow
    - Sleeping bag or twin sheets and blanket
    - Towel and washcloth
    - *A gallon-sized zipper storage bag works well for packing toiletries.*

  - **Other Items**
    - Offering for Sunday worship

FORMS AND COVENANTS

There are several forms to complete for each attendee. The complete forms should be brought to the Retreat. **THE HSR Planning Team will keep these forms with them in case of an emergency.**

Download, complete and bring with you the following required forms. Each form is included in this document. These documents are specifically for the Gathering and FLGA District and as such, need to be completed.

- Emergency Medical form
- Medical and Liability Release Form
- Authorization for use or disclosure of protected health information
- A signed copy of the Events Involving Minor Children Form

The **Events Involving Minor Children Form** is the only document that needs to be signed by the authorized representative of the church. It should be completed and turned in to a member of the Planning Team on Friday at arrival with the rest of the documents. 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.

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 vic□ms 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

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**_____ **Grade Level**_____
Mother's Name:_____ **Cell #**_____
Father's Name:_____ **Cell #**_____ **Other**
Emergency Contact:_____
Relationship to person:_____ **Phone #**_____
Special Needs?:_____
Emergency and Health Information **(If yes to any questions, please provide an explanation and pertinent information)**

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 Middle School Youth Gathering or the High School Retreat 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 2026 Florida-Georgia District Youth Ministry Weekend, "***Unfiltered",*** 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_____, 2026

Father

_____
Name:
_____

Mother

_____
Name:
_____

Legal Guardian

_____
Name:
_____

Legal Guardian

_____
Name:
_____

_____
Print Name of Patient Above