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[UNFILTERED]

truth · love · life

JOHN 14:6

INFORMATION PAGES

General Information

- **Who can register?**
  - The Middle School Youth Gathering is designed for students entering **6th, 7th, or 8th grade during the 2026–2027 school year**.
  - Youth do **not** have to be members of an LCMS congregation to attend. Friends are welcome!

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

  Every church group designates one **Primary Adult Leader (PAL)**.
  The PAL serves as the main contact between your congregation and the Gathering staff. This person will:
  - Complete the online registration
  - Receive all event updates and communication
  - Serve as the primary contact before and during the Gathering
  - Coordinate information with the rest of the group

- **Who can be an Adult Leader?**

  Adult leaders must be **at least 21 years old** at the time of registration.
  Adult leaders are expected to:
  - Care for and supervise their youth throughout the weekend
  - Attend all Gathering activities with their group
  - Assist with event supervision as needed

  A schedule for adult leader responsibilities will be provided at the Gathering

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

The registration fee includes:

- All retreat programming
- Administrative costs
- Two nights of lodging
- Four meals/snacks
- A Gathering T shirt
- String backpack for carrying room key, etc.

- **Adult/Youth Ratio**
  - For the safety of all participants, each congregation must provide **one adult leader for every six participants under age 18.**
  - Groups should also provide both male and female adult leaders whenever male and female youth are attending.

- **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.**
  - You can find that form 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**.
- **No cancellations will be accepted after November 4.**

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

- **Registering Your Group**

  When registering, you'll be able to pay by **credit card or check**.

  Use this link to register.

  Please have the following information ready:

  - Church information
  - PAL contact information
  - Names of all youth and adult leaders
  - Saturday afternoon breakout selections for youth
  - T-shirt sizes
  - Rooming preferences

  Housing assignments will be confirmed by email approximately one week before the Gathering.

  Groups of **25 or more participants** will automatically be housed in one of the camp lodging areas.

- **Substitutions**

  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.

- **Getting to the Gathering**
  - 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 Middle School Youth Gathering
  - Registration this year will be held in the Raintree or Maguire Building

- **Gathering App**

  Our event app is the easiest and quickest way to stay informed throughout the weekend.

  You'll find:

  - Schedule
  - Campus map
  - Breakout locations
  - Game instructions
  - Announcements
  - Notifications regarding any updates or changes
  - Evaluations

  Download the **Florida-Georgia District LCMS** app from the Apple App Store or Google Play before arriving.

- **Mass Events**

  All participants will gather in the Maguire Auditorium for the Mass Events. These can become loud and energetic. Please plan appropriately for your attendees with sensory issues.

- **Breakout Information**

  Each youth participant must be registered for each breakout session.

  - The choices and descriptions will be listed on the registration form.
  - Download a printable copy here.

- **Suggested Packing list**
  - Bug Spray
  - 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
  - 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
  - Water Bottle

If Staying in Camp Housing

Bring:

- Sleeping bag or sheets
- Blanket
- Pillow
- Towel
- Shampoo
- Soap
- Toiletries (packing them in a zip-top bag works great!)

- **Medications**

If bringing medications:

- Bring them in their original containers
- Include written instructions explaining when and how they should be taken.
- Make sure the PAL is notified of the medications to help monitor the timing.

○ ○ ○

- **Miscellaneous**
  - If you are roomed in a hotel-style room, all your towels and bedding are provided.
  - Be prepared to see lots of exciting wildlife but also warn your students to the possibility of danger. Remind them not to try to touch or catch any wildlife they might see.

FORMS AND COVENANTS

There are several forms to complete for each attendee. The complete forms should be brought to the Gathering.
Each Primary Adult Leader will keep these forms with them in case of an emergency.

Each participant must have completed forms with the Primary Adult Leader throughout the Gathering in case of emergency.

Download, complete, and bring the following:

- Individual Registration & Emergency Medical Form
- Medical & Liability Release Form
- Authorization for Use or Disclosure of Protected Health Information
- Events Involving Minor Children Form - link below
- **Please note:** The **Events Involving Minor Children Form** must be signed by an **authorized representative of your church** and turned in at Gathering registration
    - ***Events Involving Minor Children Form***

Gathering Covenant

Each church is asked to establish a **Gathering Covenant** before attending the Gathering.
You may:

- Use your congregation's existing covenant if it meets Gathering expectations, or
- Adapt the sample covenant included in this packet.

Review the covenant with your youth before the Gathering to establish expectations for behavior, dress, and participation.
Keep the signed covenant with your group for your records. **It does not need to be submitted** to the Gathering Registrar
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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

FLGA District-LCMS
Middle School Youth Gathering 2026 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)
- 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