

# **Youth Leader Registration and Information Packet**

## **Florida Church of God Ministries' State Youth Convention: June 12-14, 2022**

**Warner University, 13895 US-27, Lake Wales, FL 33859**

### **Youth Leader Check List**

- Print Student Registration Forms, one per student
- Print Counselor Registration Forms, one per counselor/volunteer
- Register online at [flsyc.org](http://flsyc.org) and print registration form
- Collect all Registration Forms and Registration Money
- Make your hotel accommodations - groups book their own rooms this year!
- Ensure all volunteers have Affidavit of Good Moral Character on file at Church
- Confirm all of your church's medical liability forms are current for each child (there's a sample form in the packet).
- Complete Group Medical & Liability Release Form
- Mail the following to Florida Church of God Ministries, 5826 Hoffner Ave., Ste. 1001, Orlando, FL 32822:
  - Payment (in the form of one church check made out to "Florida Church of God Ministries") - \$65 per person due by May 15<sup>th</sup> (registrations after May 15: \$80 per person)
  - Group Medical & Liability Release Form
- Bring all Individual and Counselor Registration Forms/Waivers with you to the convention.
- Visit [flsyc.org](http://flsyc.org) to get more information on our speakers, worship and service project!

**PARENTAL AUTHORIZATION & MEDICAL RELEASE FORM**

TODAY'S DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

STUDENT'S EMAIL: \_\_\_\_\_

**PARENTAL AUTHORIZATION**

As a parent or guardian of \_\_\_\_\_ I hereby grant my permission for my child to participate in the activities of (Church Name)\_\_\_\_\_. My child has permission to be transported to and from the special activities organized by (Church/Youth Group Name)\_\_\_\_\_. I understand that neither (Church Name) nor any of its agents are responsible for any injury sustained by my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**MEDICAL RELEASE**

As a parent or guardian of \_\_\_\_\_ I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which in the opinion of the attending physician may endanger impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I understand that any medical expenses are the responsibility of the participant and their insurance carrier. I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

MEDICAL/HOSPITAL INSURANCE CARRIER: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

RELATION: \_\_\_\_\_

PROBLEMS: \_\_\_\_\_

***This release is good for one-year from the date listed above.***

***Parent's Initials*** \_\_\_\_\_

# 2022 Florida State Youth Convention Group Medical & Liability Release Form MUST BE NOTARIZED

We understand by signing this form that we have relinquished the Florida Church of God Ministries, its officers and the Director and Staff of this convention from liability or responsibility for the attached list of our students and therefore assume ALL liability and responsibility for our students.

**As the representative of our Church, I recognize that I AM REQUIRED AND RESPONSIBLE TO KEEP ALL STUDENT REGISTRATION FORMS, ADULT REGISTRATION FORMS for each individual attending Florida Church of God Ministries' State Youth Convention at Warner University and that THESE FORMS MUST BE ACCESSIBLE TO ME AT ALL TIMES DURNIG THE CONVENTION.**

By signing this form, we guarantee that a parent or guardian has given permission for each of our students to attend this convention and all individuals (or their guardians) have signed all appropriate forms.

Church Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Youth Pastor/Leader's Signature Date

\_\_\_\_\_  
Senior Pastor's Signature Date

\_\_\_\_\_  
Notary Signature Date

Notary Seal:

## 2022 Florida State Youth Convention Counselor/ Adult Registration Form

This form **MUST** be completed for all individuals attending the 2022 State Youth Convention who are both: A) 18 years of age or older and B) no longer a middle school or high school student.

*Please **Print** Legibly*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE/ FEMALE

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**T-Shirt Size:** Adult Small Adult Medium Adult Large Adult XL Adult XXL Adult XXXL

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church City: \_\_\_\_\_ Church Phone Number: (\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY**, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

### **Please read and sign:**

I understand the responsibilities of attending the Florida State Youth Convention as an Adult Counselor. I will respect all rules and guidelines for the convention and Warner University where it is taking place. I understand that I am responsible for any students that are staying in my room and will strictly enforce all convention, university and hotel rules with my students.

\_\_\_\_\_  
Counselor/Volunteer Signature

\_\_\_\_\_  
Date



TO BE KEPT ON FILE WITH YOUTH PASTOR/VOLUNTEER WHILE @ SYC

# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida County of \_\_\_\_\_  
Before me this day personally appeared \_\_\_\_\_ who,  
being duly sworn, deposes and says: (Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn quick child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child

Former Section 827.05	negligent treatment of children
Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence,
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:

Relating to:

Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

- Affiant personally known to notary OR
- Affiant produced identification

Type of identification produced: \_\_\_\_\_

# 2022 Florida State Youth Convention Individual Student Registration Form

This form **MUST** be completed for all individuals attending the 2022 State Youth Convention who are both: A) 18 years of age or younger older and B) in middle school or high school student. Please **Print** Legibly

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade ('21-22): \_\_\_\_\_

Gender: MALE/ FEMALE **T-Shirt Size:** Adult Small Adult Medium Adult Large Adult XL  
Adult XXL Adult XXXL

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church City: \_\_\_\_\_ Church Phone Number: (\_\_\_\_) \_\_\_\_\_

Necessary Medications: \_\_\_\_\_

**To be completed by Student:** I will abide by the rules and guidelines set by the Florida Church of God State Youth Convention and Warner University.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**To be completed by Parent/Guardian:** I/We give permission for \_\_\_\_\_ to attend the 2022 Florida State Youth Convention at Warner University. My child has permission to participate in athletic activities. The State Youth Convention Director and Nurse have my/our permission to authorize medical treatment or preventative medical treatment if necessary. I understand that I will be notified immediately. I/We also understand that I/we will be held financially responsible for any damage caused by my child to university property.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Ins. Group / Member ID #

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_