



conqueror  
loved unconditionally  
friend broken  
new  
clothed  
never alone  
believer  
eternal fun  
child forgiven  
poor new creation  
His innocent  
beloved  
more wife  
husband

son peacefull  
student human  
healed  
commissioned  
unworthy loving  
bold whole  
confused  
innocent angry chosen  
not good enough  
set apart redeemed  
confused unto his glory  
elevated to transformed sad  
determined ashamed

bought with a price  
alone victorious  
transformed hurting  
His handiwork child  
son  
hopefull  
favored  
justified  
gifted  
reborn  
sinner  
guarded  
beautiful

loved  
blessed  
given grace  
scared  
sanctified  
elevated  
His

broken  
secure  
lost  
healed  
chosen  
eternal  
delighted in  
clothed clean  
delivered  
friend  
forgiven  
sealed  
child his  
bold righteous  
victorious

safe  
eternal  
free

joyful  
unworthy  
human  
lost

peaceful  
new  
delighted  
healed

1 PETER 2 : 9-10

Youth Leader Registration and Information Packet  
Nov. 22-24, 2019 @ Wyndham Resort, Orlando

# 2019 Florida State Youth Convention

## Registration Information

Please read and follow these instructions carefully so your registration and payment are received promptly:

### Student Registration Forms:

Make sure that every student is given a copy of the *Individual Student Registration Form*. These forms must be completed and retained by each youth pastor. **MAKE SURE THESE FORMS ARE BROUGHT WITH YOU TO THE CONVENTION and that they are EASILY ACCESSIBLE AT ALL TIMES.** These forms will be checked at registration, but it will be the main youth leader's responsibility to keep these forms during the convention. It is each group's responsibility to make sure that all forms are completed correctly.

### Adult/Counselor Registration Forms:

Any person who is BOTH A) *over 18 years old* and B) *no longer a middle school or high school student* must fill out the *Counselor/Adult Registration Form*. **MAKE SURE THESE FORMS ARE BROUGHT WITH YOU TO THE CONVENTION and that they are EASILY ACCESSIBLE AT ALL TIMES.** These forms will be checked at registration, but it will be the main youth leader's responsibility to keep these forms during the convention. It is each group's responsibility to make sure that all forms are completed correctly.

Any person who is BOTH A) *over 18 years old* and B) *not a middle or high school student* must also have an ***Affidavit of Good Moral Character*** on file at your local church before that person will be able to attend the Florida State Youth Convention. A copy of this form is included in this packet for your convenience. These forms will not be collected at registration. It is each group's responsibility to make sure that all forms are completed correctly.

### Housing Roster:

Please fill out the first page of the *Housing Roster* in its entirety, except for the portion marked "For Office Use Only." This form must be completed and submitted along with your deposit no later than Sept. 30, 2019. If multiple forms are needed, please make copies and designate that form as such. **There is a cost associated with registering late, see below. Housing Rosters must be submitted for your registration to be complete.**

### Payment:

For each student and adult/counselor, the cost of the 2019 Florida State Youth Convention will be \$99 (**includes a free t-shirt**) as long as 50% deposit and registration is received by Sept. 30, 2019. For registrations received Oct. 1-Oct. 16, 2019 a \$6 late fee will be added per person, raising the cost to \$105. Oct. 16, 2019 is the registration cut-off for SYC.

There is a \$250 room cost (\$125 / night) with up to 4 people in each room.

50% deposits are due Sept. 30th to receive the \$99 registration cost, or by Oct. 16 to receive the registration cost of \$105. Deposits must also include the 50% room(s) cost.

Balances are due in full by Nov. 1, 2019.

All payments need to be submitted along with the housing roster. Please make these payments by using one church check made payable to **Florida Church of God Ministries**.

### Mailing:

Please send group medical release, housing roster, and payment in one envelope to **Florida Church of God Ministries, 5826 Hoffner Ave., Ste. 1001, Orlando, FL 32822**



# **2019 Florida State Youth Convention**

## **Youth Leader Cheat Sheet... to help you look smart!**

- **Print Student Registration Forms and Hand Out To Students**
- **Print Counselor Registration Forms and Hand Out to Counselors**
- **Collect all Registration Forms and Registration Money**
- **Ensure all Counselors 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 form in the back if you need it.**
- **Fill Out Housing Roster**
- **Complete Group Medical & Liability Release Form**
- **Mail the Following to Florida Church of God Ministries, 5826 Hoffner Ave., Ste. 1001, Orlando, FL 3282222:**
  - **Payment (in the form of one church check made out to "Florida Church of God Ministries")**
  - **Housing Roster**
  - **Group Medical & Liability Release Form**
  - **Postmark by Sept. 30 to avoid late registration fees.**
- **Bring all Individual and Counselor Registration Forms with you to the convention.**
- **If you have any students that you think would be a good fit for the 2020 Student Leadership Team (SLT) that helps plan SYC, give them an application packet to fill out (visit flsyc.org for the application).**
- **Visit flsyc.org to get more information on our Service Project! let e cited! e're talking about identity here! This is big, transforming, life changing stuff! If you get e cited they'll get e cited!**

**I Am...**  
1 Peter 2:9-10

# 2019 Florida State Youth Convention

## Housing Roster (page 1)

This form **MUST** be completed for each group attending the 2019 Florida State Youth Convention.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_

Name of Youth Pastor/Leader: \_\_\_\_\_

\_\_\_\_\_ Youth Pastor/Leader's Cell

Phone Number: (\_\_\_\_) \_\_\_\_\_

Youth Pastor/Leader's Email Address: \_\_\_\_\_

### **REGISTRATION TOTALS:**

Number of Male Counselors: \_\_\_\_\_ Number of Female Counselors: \_\_\_\_\_

Number of Male Students: \_\_\_\_\_ Number of Female Students: \_\_\_\_\_

Total Number of Males: \_\_\_\_\_ Total Number of Females: \_\_\_\_\_

Total Number of Male Rooms: \_\_\_\_\_ Total Number of Female Rooms: \_\_\_\_\_

### **T-SHIRT TOTALS:**

Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

#### **REGISTRATION:**

Total Amount Paid By Deadline : \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Balance Due Before Convention: \$ \_\_\_\_\_

Balance Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_



# 2019 Florida State Youth Convention

## Housing Roster (page 2)

This form **MUST** be completed for each group attending the 2019 Florida State Youth Convention. Please make as many copies of this page as you need in order to cover all rooms. Max 4 persons per room.

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

MALE NAME	AGE

FEMALE NAME	AGE

MALE NAME	AGE

FEMALE NAME	AGE

MALE NAME	AGE

FEMALE NAME	AGE

MALE NAME	AGE

FEMALE NAME	AGE

**Be sure to fill out totals on first page of Housing Roster**



# 2019 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 MUST KEEP ALL STUDENT REGISTRATION FORMS and ADULT REGISTRATION FORMS, and that THESE FORMS MUST BE ACCESSIBLE TO ME AT ALL TIMES DURNIG THE CONVENTION.**

Finally, by signing this form, we guarantee that a parent or guardian has given permission for each of our students to attend this convention.

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Date

Notary Seal:



# 2019 Florida State Youth Convention

## Counselor/Adult Registration Form

This form **MUST** be completed for all individuals attending the 2019 State Youth Convention who are both  
A) 18 years of age and older and B) no longer a middle school or high school student.

Please **Print** Legibly:

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

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

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

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

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell 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 the hotel 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 and hotel rules with my students.

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**I Am...**  
1 Peter 2:9-10



## AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

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

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

**CONTINUED ON NEXT PAGE**

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.

**CONTINUED ON NEXT PAGE**

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: \_\_\_\_\_

# 2019 Florida State Youth Convention

## Convention Rules

Due to the nature of the 2019 Florida State Youth Convention and the Wyndham Resort Hotel's guidelines, there are certain types of behavior that will not be tolerated while on hotel property. **Any student or adult who cannot abide by these rules will be dismissed from the convention without refund.** Please be sure that all counselors/adults and students are aware of these rules:

- There will be no willful destruction of hotel property. Any individual that willfully causes damage to hotel property will be held financially responsible.
- Throwing any object from a hotel window will not be tolerated during the convention.
- The illegal use of a controlled substance (alcohol, cigarettes, drugs, etc...) will be dealt with by police action.
- Any fighting or disrespect for counselor/adult authority will result in the offending student(s) being dismissed from the convention.
- There will be no use of offensive language (cursing, ethnic slurs, dirty jokes, etc...) by anyone attending the convention at any time.
- All dress (for both male and female convention attendees) should be both modest and appropriate. Any student or adult who violates this rule will be given one warning and will be expected to change his/her clothing immediately.

Again, please make sure that all students and counselors/adults are aware of these rules as they will be **strictly enforced.**

I Am...

1 Peter 2:9-10

# 2019 Florida State Youth Convention

## Individual Student Registration Form

This form **MUST** be completed for all individuals attending the 2019 State Youth Convention who are both  
A) 18 years of age or younger and B) in middle or high school.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade ('19-'20): \_\_\_\_\_ Gender: MALE / FEMALE

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

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

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

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

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

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

Name of Youth Pastor/Leader: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Parent Phone: (\_\_\_\_) \_\_\_\_\_

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 the Wyndham Resort. I also understand that I am responsible for any damage that I cause to hotel property.

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

\_\_\_\_\_  
Date

### To be completed by Parent/Guardian:

I/We give permission for \_\_\_\_\_ to attend the 2019 Florida State Youth Convention at the Wyndham Resort Hotel. 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 hotel property.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Information (Name & Group #)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_



## 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: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

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

DRUG ALLERGIES: \_\_\_\_\_

OTHER ALLERGIES OR HEALTH PROBLEMS: \_\_\_\_\_

*This release is good for one-year from the date listed above. Parent's Initials \_\_\_\_\_*