



THE BASICS

1. Registration for the KDYG IS NOW OPEN!
2. We will register on a first come, first served basis.
3. The Registration fee includes programming, workshops, and activities, a T-shirt, plus a lunch Saturday afternoon, **but NOT HOUSING.**
4. **The Early Registration Fee is \$89 per person**
Standard Registration begins October 20 and is \$104 per person
Late Registration begins November 2 and is \$135 per person
5. Because of time constraints we will not be able to guarantee gathering wear for Late Registrations, so get your registrations and t-shirt orders in early.
6. Youth in grades 9–12 are invited to participate. We work with a maximum 9 to 1, youth to adult ratio for each family group. Adult Leaders must be at least 21 years of age.

REGISTRATION INFORMATION

1. All youth registrations must be attached to the primary adult leader registration form, maximum nine youth per adult. Photocopy the forms as needed
2. Registrations may be submitted online at www.kslcms.org/kdyg.htm
3. We request fee payment by one check per family group, payable to the “Kansas District LCMS” All registration fees must accompany the registrations.
4. Cancellations after November 2, 2009 will be subject to a \$35.00 per person cancellation fee.
5. If not registering online Mail Registrations to:
Kansas District – LCMS Kansas District Youth Gathering,
Attn: Joyce Tate
1000 SW 10th,
Topeka, KS 66604

ADDITIONAL INFORMATION

1. Medical Release forms are included in this mailing. You will keep these and bring them with your youth. We suggest you photocopy each both the youth and adult leaders have a copy while on the offsite servant event.
2. Complete the T-Shirt order form in the Youth and Adult registration packets. Forms must be complete to receive a T-Shirt.
3. A Photo of the all Gathering registrants will be taken SATURDAY morning. If you would like to purchase a picture for \$20 fill out the form and return it with your registrations.

HOTEL RESERVATIONS

1. Each group is responsible for making their own hotel reservations.
2. Cost for the hotel is \$99 per room (plus tax) PER NIGHT for a room that sleeps four.
3. Hotel Reservations should be made early to secure that your group will be housed onsite. Hotel reservations can be cancelled up to 48 hours in advance without penalty.

Please reserve your group's rooms by calling the Hyatt Regency Hotel

400 West Waterman,

Wichita, Kansas, USA 67202

Tel: +1 316 293 1234 Fax: +1 316 293 1200

4. Tax exempt forms for your church must be faxed to 316 293 1200
5. Rooms will be held only until October 19, 2009. After that date rooms will be available to gathering participants on an availability basis only. So, make your room reservations early!

FAQ's

- ◆ May I register somebody late? *Yes, however the registration fees do go up the later you register*
- ◆ May I switch someone else for a person who registered and now is not going? *Yes you can make changes and substitutions to your groups registration online.*
- ◆ Who may I contact for direct help? *Call Joyce Tate at the District Office 1-800-357-4421 x206 or email her at joyce@kslcms.org or Kate Olson 785-692-4276 or email her at kolson@bluevalley.net*



**CHURCH
REGISTRATION FORM**

Church Name	
City	

Church Registration Totals

	#	Fee	Total
Adult Early Registration		\$89	
Youth Early Registration		\$89	
Adult Standard Registration		\$104 (begins Oct 20)	
Youth Standard Registration		\$104 (begins Oct 20)	
Adult Late Registration		\$139 (begins Nov 2)	
Youth Late Registration		\$139 (begins Nov 2)	
Total Participants Registered			
Number of Pictures Ordered <i>(enclose order form)</i>		\$20 each	\$
GROUP TOTAL DUE			\$
We request fee payment by one church check (vs. personal) per youth group, payable to the "Kansas District LCMS".			

Group T- Shirt Totals

Sizes	Size Totals
X-Small	
Small	
Medium	
Large	
X-Large	
XX-Large	
XXX-Large	
Total Shirts	

Office Use Only	
Amt. Pd	
# in group	
Date Received	
Group #	
Check #	



ADULT REGISTRATION FORM

Church Name
City
I am the Primary Adult Leader (PAL). Future mailings should be sent to me. (circle one) YES NO

First Name	Last Name	
Address		
City	State	Zip
Phone # () -	E-Mail	
Birthdate	Gender (Circle One) Male Female	
Special Needs:		

T- Shirt Size
<input type="checkbox"/> X-Small
<input type="checkbox"/> Small
<input type="checkbox"/> Medium
<input type="checkbox"/> Large
<input type="checkbox"/> X-Large
<input type="checkbox"/> XX-Large
<input type="checkbox"/> XXX-Large



YOUTH REGISTRATION FORM	
Church Name	
City	

First Name		Last Name	
Address			
City		State	Zip
Phone # () -		E-Mail	
Birthdate	Gender (Circle One)	Male Female	Grade (2008-2009) (Circle One) 9 10 11 12
Special Needs:			

T-Shirt Size
<input type="checkbox"/> X-Small
<input type="checkbox"/> Small
<input type="checkbox"/> Medium
<input type="checkbox"/> Large
<input type="checkbox"/> X-Large
<input type="checkbox"/> XX-Large
<input type="checkbox"/> XXX-Large

I appreciate the opportunity to be at this gathering, and I pledge to fully participate.

Youth Signature: _____

I have spoken with my youth about this gathering, and he/she has my permission to attend.

Parent/Guardian Signature: _____

Return this form with your notarized medical release to your Adult Leader.



GROUP PHOTO ORDER FORM	
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Church Name	
City	
Primary Adult Leader	

Shipping Address (Where do you want the pictures mailed to?)

First Name	Last Name
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Address

City	State	Zip
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Number of Pictures **X \$20.00 ea. =**

You may return this order form & payment with your group registration or bring it with you to the registration booth at the Gathering. Thanks!
Please make all checks payable to : Kansas District LCMS



GROUP PHOTO ORDER FORM	
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Church Name	
City	
Primary Adult Leader	

Shipping Address (Where do you want the pictures mailed to?)

First Name	Last Name
-------------------	------------------

Address

City	State	Zip
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Number of Pictures **X \$20.00 ea. =**

You may return this order form & payment with your group registration or bring it with you to the registration booth at the Gathering. Thanks!
Please make all checks payable to : Kansas District LCMS

MEDICAL CONSENT FORM

(PAGE 1 OF 2)

(MUST BE PHOTOCOPIED FRONT TO BACK)

Last name _____ First name _____

Home phone number _____ Male _____ Female _____ Birthdate _____

Age _____ Grade (just completed) _____ Social Security Number _____

Parent(s)/Guardian(s) name(s) _____

Parent(s)/Guardian(s) address(es) _____

Parent(s) work phone number(s) _____

Parent(s) pager or mobile phone numbers _____

Emergency Contact (Other than parent/guardian – name/relationship/phone numbers) _____

+++++

Emergency & Health Information

Does youth have...(if "yes" please explain)

_____ yes _____ no Food or environmental allergies? _____

_____ yes _____ no Heart condition? _____

_____ yes _____ no Other? _____

Is youth subject to...(if "yes" please explain)

_____ yes _____ no Fainting? _____

_____ yes _____ no Sleep walking? _____

_____ yes _____ no Upset stomach? _____

_____ yes _____ no Motion sickness? _____

_____ yes _____ no Other? _____

Does youth have a reaction to...(if "yes" please explain)

_____ yes _____ no Bee sting? _____

_____ yes _____ no Penicillin? _____

_____ yes _____ no Other drugs? _____

_____ yes _____ no Poison Ivy, oak, sumac? _____

_____ yes _____ no Other? _____

Please indicate ANYTHING else which leaders should know to avoid or help deal with your youth's health _____

Date of last tetanus shot: _____

(PAGE 2 OF 2)
(MUST BE PHOTOCOPIED FRONT TO BACK)

You have my permission to give my youth:

- | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Robitussin (cough medicine) | <input type="checkbox"/> yes | <input type="checkbox"/> no | Dramamine (for motion sickness) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | acetaminophen (Tylenol) | <input type="checkbox"/> yes | <input type="checkbox"/> no | Rolaids, Mylanta (antacid) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | diphenhydramine (Benadryl) | <input type="checkbox"/> yes | <input type="checkbox"/> no | ibuprofen (Advil, Motrin) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | topical antibiotic ointment (polysporin) | <input type="checkbox"/> yes | <input type="checkbox"/> no | topical cortisone ointment (Cortaid) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Pepto Bismal | <input type="checkbox"/> yes | <input type="checkbox"/> no | Solarcaine spray/lotion/ointment |

EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, LEADERS WILL ATTEMPT TO FIRST CONTACT PARENT/GUARDIAN/DOCTOR! In case this is impossible, note below:

- yes no 1. With my signature, I hereby authorize First Aid by staff or youth workers.
- yes no 2. With my signature, I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or youth workers.
- yes no 3. With my signature, I hereby authorize doctor(s) selected by church staff or youth worker to hospitalize, secure treatment for, and to order injection, anesthesia, blood transfusions, or surgery.

If parent/guardian has answered "NO" to any of the above, parent/guardian must indicate procedure to be followed in the event youth workers are unable to contact parent/guardian/designee _____

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Insurance Information

My youth has health insurance yes no. If yes, complete the information below.

Insurance Company _____

Policy/Certificate number _____

Name of Policy Holder _____

Pre-certification required? yes no If yes, phone number _____

Doctor's name and phone number _____

Parent/Guardian Signature _____ Date _____

Notary's signature _____

RESOLUTION 06B-03-02 (ADOPTED BY THE BOARD OF DIRECTORS – APRIL 29, 2006)
KANSAS DISTRICT LC-MS
YOUTH PROTECTION POLICY FOR DISTRICT-SPONSORED EVENTS

From Holy Scripture, we learn that our Heavenly Father values the life of children. This policy of the Kansas District Lutheran Church-Missouri Synod reflects care and concern for youth who participate in District-sponsored youth events. This policy is intended for the protection of both the youth participants and the adult sponsors directing the activity and caring for the youth at the event. The following regulations are presented in love and concern:

Permission

Participants must have the written, informed consent of their parent/guardian to participate. Included on the permission form shall be information regarding any physical, health, and/or medical limitations, as well as a statement that they are responsible for any insurance for their child.

Sponsors

Sponsors shall be adults of at least 21 years of age who have been endorsed by the pastor and/or leadership of their home congregation (The District encourages congregations to provide screening, training and background checks for adult sponsors - see **Suggested Steps to Secure a Kansas Bureau of Investigation (KBI) Background Check**). Individuals between the ages of 18 and 21 may be able to participate in some events. They may assist the sponsors but shall not have the responsibility of being a sponsor.

Ratio of Sponsors to Participants

There shall be a minimum of one (1) sponsor for every nine (9) participants for sr. high student events. The ratio for jr. high student events shall be a minimum of one (1) sponsor for every (6) participants. If both boys and girls participate there shall be at least one (1) male and one (1) female sponsor.

Drug & Alcohol Use by Adult Sponsors

Adult sponsors shall not consume, or be under the influence of, alcohol, illegal drugs or illegally-obtained prescriptions while participating in a District-sponsored youth event.

Sexual Behavior of Adult Sponsors

Should a sponsor initiate sexual activity with a participant he/she shall be reported (see Reporting). Should the sponsor engage in consensual sexual activity with another adult sponsor (not their spouse) the sponsor shall be removed from the event and shall be barred from any future involvement in District-sponsored youth events. Should the adult sexual activity be non-consensual the sponsor shall be reported (see Reporting) to the designated director of the district-sponsored youth event. In the case of an emergency, participants and adult sponsors shall first call 911.

Reporting

Any participant who believes he/she has been violated sexually may immediately report this conduct to the on-site designated director of the district-sponsored youth event. The designee will thoroughly investigate the incident and will present the investigated incident to a called district staff person. The called district staff person shall assist the on-site designated director of the district-sponsored youth event and ascribe to investigation procedures and resolution of the allegations in accordance with Kansas state law. In all reporting cases, the Kansas District shall inform the pastor(s) of the congregations in question and offer information and support to the family. A written record of the investigation shall be made and retained at the District Office. Access to the records will typically be limited to or regulated by the District President and/or the Education Executive. Confidentiality for all parties will be observed to the extent practical. This policy encourages any witness of an incident to report such incident immediately.

Behavior of Youth Participants

Should youth participants engage in sexual activity, or consume or be under the influence of alcohol, illegal drugs, or illegally obtained prescriptions, they shall be reported to the designated director of the district-sponsored youth event and the sponsor (s) of the congregation(s). The incident will be documented in writing along with notification of the parents and senior pastor/s of the congregation(s). Consequences will include the removal of the youth participants from the event at parents' expense.

In all such sexual misconduct cases, future involvement in district-sponsored youth events will be subject to review.

Suggested Steps to Secure a Kansas Bureau of Investigation (KBI) Background Check

Kansas proper authorities (Kansas law K.S.A. 38-15)
Social and Rehabilitation Services (Topeka Area) 785-296-2500
Child Abuse Hotline 1-800-922-5330

1. Contact Social and Rehabilitation Services to secure copies of the Kansas Bureau of Investigation (KBI) records check applications form.
2. Volunteer completes a KBI Records Check application form and submits form to a designated congregational coordinator with application fee (\$40).
3. Applicant submits the names and pertinent contact information of three references.
4. Designated congregational coordinator submits money and application to KBI for processing.
5. Designated congregational coordinator contacts references.
6. Congregation receives and retains KBI report and references in a confidential file.
7. Applicant is notified of his/her service upon successful completion of the above steps.

KANSAS DISTRICT LC-MS

Youth Event Guidelines: A Supplement to the Youth Protection Policy

From Holy Scripture we learn that our Heavenly Father values the life of children. These guidelines of the Kansas District Lutheran Church-Missouri Synod reflect care and concern for youth who participate in District-sponsored youth events. These guidelines are supplemental to the **Kansas District LC-MS Youth Protection Policy** and are intended to assist congregations to be intentional when planning to participate in District-sponsored youth events. The following guidelines are presented for your consideration and possible inclusion:

Adult Sponsors

When choosing adult sponsors, congregations should select people who love the Lord and who live lives that are receptive to the working of the Holy Spirit. Adult sponsors should be active members who demonstrate a relationship with the Lord in their worship attendance and participation in Holy Communion. *Congregations are encouraged to select people who have completed an official Kansas Bureau of Investigation background check** and have a proven history of an ability to lead students to grow in their spiritual lives.

Participants

Youth who meet the age criteria of the District-sponsored youth event are eligible for participation. Participants may include non-member youth. In respect for these individuals, the pastor of the participating congregation, or his designated adult leader, shall inform those non-member participants of LC-MS communion practices.

Transportation

When planning how a group is to travel to the District-sponsored youth event, adult sponsors should consider only using drivers, who are 21 or older, licensed, and properly insured. *Note: Car rental agencies may present different driver requirements.*

Housing

Congregations should consider how to evenly disperse their adults into gender specific sleeping rooms. You may want to have an adult in each room for a jr. high event. You may also want to consider this for sr. high events. In cases where adults are not in a room with sr. high students, students under the direction of an adult, may function as a room leader. Congregations should also consider having married couples sleep in separate rooms so as to be housed with gender specific students. An adult sponsor should not share a bed with a participant unless there is a parent/child relationship.

Conduct/Consequences

Congregations should establish a written covenant of expected behaviors as well as behaviors that will not be tolerated. Congregations should have consequences of unacceptable behaviors outlined and students as well as parents should sign the document. *(Note: A sample covenant is provided – Appendix A).*

*(*Suggested Steps to Secure a Kansas Bureau of Investigation (KBI) Background Check)*

Approved by District Youth Ministry Team - February, 2006