



**FORESTVILLE  
BAPTIST CHURCH**  
MAKING DISCIPLES THAT LOVE, GROW & SERVE  
THROUGH INTENTIONAL RELATIONSHIPS

Forestville Baptist Church  
2 Old McElhaney Rd  
Greenville, SC 29617  
864-834-4276

Dear Parents,

CentriKid Camp 2019 will be at Gardner Webb University. The theme is All Access – John 17:3. God has revealed that He is the only true God, He's not hidden, and He wants a relationship with us. **KEY VERSE:** John 17:3 - This is eternal life: that they may know You, the only true God, and the one You have sent - Jesus Christ.

Please read through the Parent Packet Information. Most questions are answered in the packet or in this information letter. Below is the **NEED TO KNOW** dates and cost. We will have 2 parent meetings for questions, information, paperwork and payment. – Wednesday February 6<sup>th</sup> in gym Social Hall at 8pm and Sunday February 10<sup>th</sup> Worship Center room A-100. If you need questions answered that this packet and letter does not answer, please contact Jimmy Cagle, Children's Pastor [jimmy@forestville.org](mailto:jimmy@forestville.org) (864-884-2144) or Blake Harris, Children's Intern [blakeharris13@aol.com](mailto:blakeharris13@aol.com) (864-567-7076)

## **NEED TO KNOW**



Camp Location: Gardner Webb University

Camp Grades: 3<sup>rd</sup> – 5<sup>th</sup>

Camp Dates: June 24-28

Cost: \$250 per camper

- \$75 deposit DUE BY Wednesday Feb 13 to secure spot and balance due by May 5<sup>th</sup>
- If you wish to help disciple as a chaperone, please contact Jimmy or Blake

## **KEY VERSE: John 17:3**

This is eternal life: that they may know You,  
the only true God, and the one You have sent - Jesus Christ.

## **Daily Biblical Truths**

Day 1: The God Who Reveals  
Day 2: God Reveals His Name  
Day 3: God Reveals The Way  
Day 4: God Reveals His Power  
Day 5: God Reveals What's Next



### **Payment**

Please fill out the payment envelope completely. Envelopes can be found at Guest Service and Children Check-in areas. In particular, I need to know **shirt sizes** for your child(ren). Also, I need the chaperones' sizes for shirts. Please indicate Youth or Adult shirt size.

### **Participant Form**

**Please fill out of the attached medical forms** (Chaperones I need yours as well). Centri-Kid will not allow your child to attend camp without the completed forms. If you can get forms notarized, great, but if not, I will have a notary at the Feb 6<sup>th</sup> and Feb 10<sup>th</sup> parent meetings. Also, note that **you need a photocopy of your insurance card.**

### **Housing**

Dorms on campus are 2 per room with bath on hall.  
You might want to bring shower shoes.  
Towels and linens are **NOT** provided.  
Sleeping bag and/or twin bedding will be needed.

### **Free Time**

There is an indoor swimming pool, Gymnasium, volley ball, game room, Frisbee Games, Camp Store, etc.

### **Camp Contact**

I will have my cell phone with me if you have an emergency: (864) 884-2144  
Also, children may use my phone or a chaperones phone during Free Time each day to call home.

Here is the Address for sending your camper a ***Letter From Home***,  
\*\*\*Make sure you send all mail by Day 2 of camp, so that it gets to camp on time.

ATTN: CentriKid Camps  
Camper / Church Name (Example: Joe Smith/Forestville)  
110 South Main Street  
Boiling Springs, NC 28017

### **Parent Packet covers most Questions and Concerns**

Page 1 - Week and Daily Themes, Daily Schedule, and OMC grade colors  
Page 2 - OMC explanation, Packing Ideas  
Page 3 – Care Packets Info and Order Forms

### **What not to bring to camp:**

- Please do **NOT** bring Cell Phones, radios, CD players, iPods, or video games. Your Centri-Kid experience will be better without them. (Children may call during Free Time)
- Please do **NOT** bring skateboards, fireworks, water guns, water balloons, etc.

### **Track Time for Campers**

- Campers will choice two tracks - Track A, B (see schedule).
- Track Options will be discussed at parent meeting

# PARENT PACKET



Thanks for allowing us to spend a week of camp with your child. We love to prepare for camp because of the awesome impact just one week can have in the life of a camper.

The focus at CentriKid is all about making sure your kids hear the gospel in a way they can understand it from people they trust. CentriKid staff and your church leaders will spend the week helping kids at camp understand that God has a redemption plan for us and desires a relationship with us.

We believe that your influence in the spiritual growth of your child is very important, so in this packet, we've equipped you with all the details to make your child's experience at camp great. My hope is that these questions can launch meaningful spiritual conversations with your child about what they learned.

Thanks again!  
Jeremy Echols  
615.277.8447  
jeremy.echols@lifeway.com

**CentriKid**  
camps

**Wear your OMC color**

Encourage your campers to wear their color to OMC.  
Their grade is the one they just completed.

entering &  
completed

**3RD=YELLOW**

completed

**4TH=GREEN**

completed

**5TH=BLUE**

completed

**6TH=RED**

**ADULT=ORANGE**



✧ **JOHN 17:3** ✧

At CentriKid 2019, our theme is "All Access." This summer, we will learn that God wants Himself to be known. He has given us an "all access pass" by revealing His name, the way to Him through Jesus, and His power as an expression of His love for you. God has revealed that He is the only true God, He's not hidden, and He wants a relationship with us.

## KEY VERSE:

**"This is eternal life: that they may know You, the only true God, and the one You have sent - Jesus Christ."**

**John 17:3**

**Day 1: The God Who Reveals**

**Day 2: God Reveals His Name**

**Day 3: God Reveals The Way**

**Day 4: God Reveals His Power**

**Day 5: God Reveals What's Next**

## CAMP SCHEDULE DAY 1

1-4pm ..... Check-In  
5:30pm ..... Dinner  
7:00pm ..... Opening Celebration  
7:45pm ..... Team Time / Adult Gathering  
9:00pm ..... Church Group Time  
10:00pm ..... Head to Room  
10:30pm ..... Lights Out

## DAY 2 - 4

7:00am ..... Breakfast/Time Alone With God  
8:30am ..... I Can't Wait  
9:00am ..... Team Time (Bible Study/Recreation)  
11:00am ..... Lunch  
12:30pm ..... Team Time (Bible Study/Party)  
2:00pm ..... Track A  
3:15pm ..... Track B  
\*OMC replaces Party on Day 4  
4:30pm ..... Hang Time  
..... Dinner  
7:00pm ..... Worship  
8:00pm ..... Church Group Time  
10:00pm ..... Head to Room  
10:30pm ..... Lights Out

## DAY 5

7:00am ..... Breakfast / Time Alone With God  
8:30am ..... Team Time  
8:45am ..... Adult Gathering  
9:30am ..... Closing Celebration  
10:30am ..... Churches Depart

**\*find our 3 Day Camp at [centrikid.com](http://centrikid.com)**

# I HAVE A QUESTION...

## WHAT IS OMC?

OMC is our favorite game at CentriKid Camps! OMC stands for Organized Mass Chaos. It happens in the afternoon after the second session of Bible study on Day 4.

Every camper will compete for their color team by completing task cards. Every player is trying to complete a different task, but the biggest rule of the game is that you can't say "no." So every time a camper asks another for help, they must stop their task and help.

After a camper completes the task, they drop it into their team's colored bucket and get another task card from the numbered flag indicated on their completed card. The team with the most task cards in their bucket wins! While adults don't complete cards, they still help kids with tasks, take pictures, help in the No Fly Zone, and get very messy.

For more about OMC, visit [centrikid.com/OMC](http://centrikid.com/OMC).

## HOW DOES MY CHILD GET TO BIBLE STUDY AND TRACKS?

We take safety very seriously. Your kids will dismiss from the auditorium for Team Time (Bible study and Recreation). They will meet at The Spot, our central meeting place for Track Times and afternoon Bible Study.

## HOW MUCH FREE TIME WILL MY CAMPERS HAVE?

At CentriKid, almost every moment is scheduled. Campers have a few extra minutes around meals and about an hour at the end of the night. Also, in the afternoon from 4:30 pm to dinner we have "Hang Time," which is time for leaders and the staff to hang out with your kids. There will be lots of Hang Time options that campers can choose to take part in.

## WHAT ABOUT CAMP T-SHIRTS?

Every participant at camp will get a t-shirt during Check-In! It's always good to know they'll have an extra shirt at camp just in case they need it!



## WHAT IS IN THE CAMP STORE THIS YEAR?

The Camp Store will have more items than we've ever had before! Many items will be specific to a camper's team color so he/she can fully support their color team throughout the week. Our store boasts items like t-shirts, bracelets, water bottles, and more! Prices for store items will range from \$1-\$15.

On the next page, you will see more information about Camper Care Packages, Camp Store Cards, and photos. Don't forget to let your Group Leader know what you're wanting to purchase for your child, so they can send in preorders. Ask your Group Leader when this information is due.

## PACKING LIST

### BRING TO CAMP

- Sleeping bag or bedding (Ask your Group Leader about sheet size)
- Shampoo, toothpaste, toothbrush, deodorant, etc
- Clothes that can be worn to Recreation and Tracks (t-shirts/shorts for each day)
- Clothes that can get messy (for OMC)
- Bag for dirty and wet clothes
- Tennis shoes for Recreation/outdoor Tracks
- Bible, notepad, pen, and backpack to carry things
- Water bottle
- Sunscreen
- Spending money for snacks, Camp Store, and Missions Offering (all optional, of course)

- Modest one-piece bathing suit or two-piece with dark shirt to wear over it
- A watch
- Don't forget to label everything with your child's name!
- Towels - for the pool and for showers

### DON'T BRING

- Anything that advertises alcohol, tobacco, illegal drugs
- Anything that promotes racism, sexism, or hatred of any group or person
- Anything that promotes sexual actions or situations
- Short or tight fitting clothing
- Alcohol, tobacco, illegal drugs, fireworks, or weapons
- iPods, rollerblades, etc.



This summer at CentriKid Camps, we will be learning that God has Made Himself Known and we can have a relationship with Him

**KEY VERSE:**

**"This is eternal life: that they may know You, the only true God, and the one You have sent - Jesus Christ."  
John 17:3**

**Day 1: The God Who Reveals**

**Day 2: God Reveals His Name-**

**Day 3: We Are Truly Loved**

**Day 4: We Are Completely Forgiveness**

**Day 5: We Are Prepared For A Purpose**

## PARENT MEETING NOTES

**CAMP DATES:** June 24- 28

**CAMP LOCATION:** Gardner Webb University

**GROUP LEADER #:** Jimmy Cagle

## QUESTIONS TO ASK YOUR CHILD after camp

What was your favorite part of camp?

- Tell me about your team leader.
- What was your OMC cheer? Did your team get a lot of points?
- What was your favorite part of Worship?
- Tell me about Church Group Time.
- What were your favorite parts of Track Times? What did you learn?

## GROW, GROW, GROW... REVISIT THESE ?S OFTEN

- Did you make a decision at camp to do anything differently when you got home, or to live or act differently?
- Do you have the book you got on the last day, with your Time Alone with God in it? (Encourage kids to use this devotional for the next four weeks for their daily time alone with God.)
- How can I pray for you this week?

## DIG DEEPER

- What was your key verse this week? What does it mean?
- Tell me some things you talked about in Bible Study!
- What were some of the things the Camp Pastor talked about?
- Did camp change you at all? If so, how?
- What is God leading you to do?
- What are you going to miss most about camp?
- How will you share what you learned at camp with your friends?





# CAMPER CARE PACKAGES

## SEND YOUR CAMPER A PACKAGE OF CAMP GEAR!

Your Group Leader will be turning in **preorder form** for Camper Care Packages by June 1<sup>st</sup>. If you would like us to deliver a CentriKid backpack full of camp gear to your child at camp, just let your Group Leader know to order one for your child. You will give the \$30 to the group leader, and they will pay for the care package on Day 1 at Check-In. These care packages include all team specific items to get campers completely prepared for OMC: CentriKid backpack, OMC t-shirt, water bottle, team bracelet, eye black, and fan most specific to their team color. You can also give a note to your group leader to drop in the bag before it is delivered! It's like mail without paying for postage! All Camper Care Packages ordered before June 1<sup>st</sup> will be guaranteed all of this great team gear! If they are ordered after this date, the contents will be **based on availability**. *\*Please contact your location centrikid email for availability.*

## GROUP DVDS AND PHOTOS

On Day 1 during Check-In, each church group will take a group picture in their camp t-shirts. The cost is \$7 each for an 8X10 photo. Make sure you tell your group leader if you want a serious group photo or a funny one.

Camp DVDs are also available for \$30 and include all the videos seen during programming at camp. Campers will be able to see all of their favorite videos and watch the flashback videos of them having a blast at camp!

## CAMP STORE CARDS

Store cards can be used on any items in the CentriKid Camp Store. These are only good for the camp store and will not be able to be used at other stores or snack shops on campus. The Camp Store Cards are only good for this cycle of camp. We're not able to carry the balance forward to next year. Any money left will be put into the Missions Offering for the summer.

CAMP STORE CARDS COME IN INCREMENTS OF:

\$5

\$25

\$50

Fill out this form to let your Group Leader know which Camp Store Card, photo/DVD, and Camper Care Package you are wanting to order for your camper. You will pay your Group Leader before they leave for camp, then they will make one payment at Check-In.

## CAMP ORDER FORM

**CAMPER NAME** first & last : \_\_\_\_\_

**PARENT NAME** first & last : \_\_\_\_\_

☐ **END OF WEEK DVD(\$30)**

☐ **GROUP PHOTO(\$7)**

**SERIOUS:** \_\_\_\_\_ **FUNNY:** \_\_\_\_\_

☐ **CAMPER CARE PACKAGE(\$30)(MUST Pre-Order)**

**T-SHIRT SIZE:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

☐ **CAMP STORE CARD**

\_\_\_\_\_ \$5

\_\_\_\_\_ \$25

\_\_\_\_\_ \$50

**TOTAL** \$ \_\_\_\_\_





# Track Time Descriptions

**ARCHERY** - Learn how to shoot a bow & arrow and even practice on our foam targets (Outdoor)

**ART STUDIO** - A combination of painting, sculpting & crafting (Indoor)

**BASEBALL** - In this Track kids will be learning fundamentals and having fun improving their baseball skills (Outdoor)

**BASKETBALL** - In this Track kids will be learning fundamentals and having fun improving their basketball skills. (Outdoor)

**BUILD IT** - Creative hands-on building activities (Indoor)

**CHEERNASTICS** - A combination of cheerleading & gymnastics (Indoor)

**CREATIVE DANCE** - Learn a creative movement, This track will no longer be performed on stage (Indoor)

**DRAMA** - Learn what it means to be an actor and perform various skits (Indoor)

**FLAG FOOTBALL** - Learn various skills, drills & games of football (Outdoor)

**NO BOYS ALLOWED** - A girls-only indoor track with discussion and activities (Indoor)

**OFF THE WALL** - You better be ready to jump, duck, and throw. Whether it's making trick shots or running an obstacle course... this track is off the wall! (Outdoor)

**OUTDOOR GAMES** - Play some favorites like wiffle ball, capture the flag & ultimate Frisbee (Outdoor)

**SIGN LANGUAGE** - Learn the basics and perform a song through sign language in front of camp (Indoor)

**SOCCER** - Learn various skills, drills & games of soccer (Outdoor)

**SPLISH SPLASH** - Fun and crazy games in the pool (Outdoor)

**TELL THE WORLD** - Kids will learn about missions around the world and how to share their faith with others. This is an indoor track (Indoor)

**VOLLEYBALL** - In this Track kids will learn the basic skills, drills and games of Volleyball (Outdoor)

**WEIRD SCIENCE** - Fun experimental games & activities with safe ingredients (Indoor)

**WET & WILD** - Soak up some fun with sponges, water hoses, and of course the CentriKid slip and slide (Outdoor)

Cut Here



## Track Time Card

Name \_\_\_\_\_ Grade Finished \_\_\_\_\_

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

*Pick your top 6 choices Please number 1 through 6*

*1 is your most favorite*

*6 is your least favorite*

\_\_\_\_\_ ARCHERY  
\_\_\_\_\_ ART STUDIO  
\_\_\_\_\_ BASEBALL  
\_\_\_\_\_ BASKETBALL  
\_\_\_\_\_ BUILD IT  
\_\_\_\_\_ CHEERNASTICS  
\_\_\_\_\_ CREATIVE DANCE  
\_\_\_\_\_ DRAMA  
\_\_\_\_\_ FLAG FOOTBALL  
\_\_\_\_\_ NO BOYS ALLOWED

\_\_\_\_\_ OFF THE WALL  
\_\_\_\_\_ OUTDOOR GAMES  
\_\_\_\_\_ SIGN LANGUAGE  
\_\_\_\_\_ SOCCER  
\_\_\_\_\_ SPLISH SPLASH  
\_\_\_\_\_ TELL THE WORLD  
\_\_\_\_\_ VOLLEYBALL  
\_\_\_\_\_ WEIRD SCIENCE  
\_\_\_\_\_ WET & WILD





## 2019 Camp Participant Form

**Group Leaders: Bring ONE notarized copy of this document to registration.  
Keep a photocopy for yourself to have with you in case of emergency.**

Camp Location/Date: \_\_\_\_\_

### Church Information:

Name of Church: \_\_\_\_\_  
Group Leader: \_\_\_\_\_ Group Leader's cell # (\_\_\_\_\_) \_\_\_\_\_  
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Participant Information:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade Completed (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Mobile: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

### Medical and Insurance Information:

Generally, Participant's Health is: (Check One) ☐Excellent ☐Good ☐Fair ☐Poor

If Fair or Poor, please explain: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

***In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):***

**A. Permission For Medical Treatment:** Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

**B. Acknowledgement and Permission:** Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-LifeWay sponsored event, church volunteers, etc.). **I further acknowledge that if Participant is attending a camp with:**

**1. Construction Activities,** that those may include but are not limited to 1) painting, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site, climbing ladders, nailing nails, scraping paint, carrying heavy building supplies and serving each day in sometimes extreme summer temperatures, 2) travel to and from each worksite, and 3) **PARTICIPANTS AGE 16 AND OLDER MAY ENGAGE IN ACTIVITIES INCLUDING OPERATING POWER TOOLS AND WORKING ON SLOPED ROOFS.**

**2. Recreation Event Activities** that those may include but are not limited to 1) initiative games, high and low challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable), 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.

**3. Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.

**4. International Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care 3) political instability in mission location, 4) traveling long distances in remote settings, and 5) experiencing uncomfortable group dynamics.

**C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

**D. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless LifeWay Christian Resources of the Southern Baptist Convention ("LifeWay"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

**E. Understanding.** Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

Complete and sign below (Consent by a parent or guardian is required for those under the age of majority which varies by state. For example, in Alabama and Nebraska consent is required for those under 19 years of age).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if Participant is a minor)

**Notary Acknowledgement:** State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public,  
personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the  
within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),  
and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s)  
acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_  
that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

# Medical Release & Permission Form

Page 1 of 2

Effective dates: 1/1/2019 to 12/31/2019

Please print in ink:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school: \_\_\_\_\_ ☐ Male ☐ Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—  
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to—  
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes  
☐ frequently upset stomach ☐ physical handicap
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear ☐ glasses ☐ contact lenses
- Please list and explain any major illnesses the child experienced during the last year:  
Additional comments: \_\_\_\_\_  
Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

Page 1 of 2

## Medical Release & Permission Form

### For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

### Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in student ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student/childrens pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all student activities

NAME OF STUDENT

sponsored by \_\_\_\_\_

NAME OF ORGANIZATION

from 1/01/2019 to 12/31/2019.

DATE

DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We understand that as a Participant, I or my child may be photographed or videotaped during the normal event activities, and these photographs/videos may be used for promotional purposes including social media, web-site, etc.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. **NOTE: ONLY legal parents and guardians can sign this form. This form MUST be signed in the presence of a notary. Most banks offer free notary services and our church has a notary on staff available to notarize this form, however, the notary MUST witness your signature before returning these forms.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_