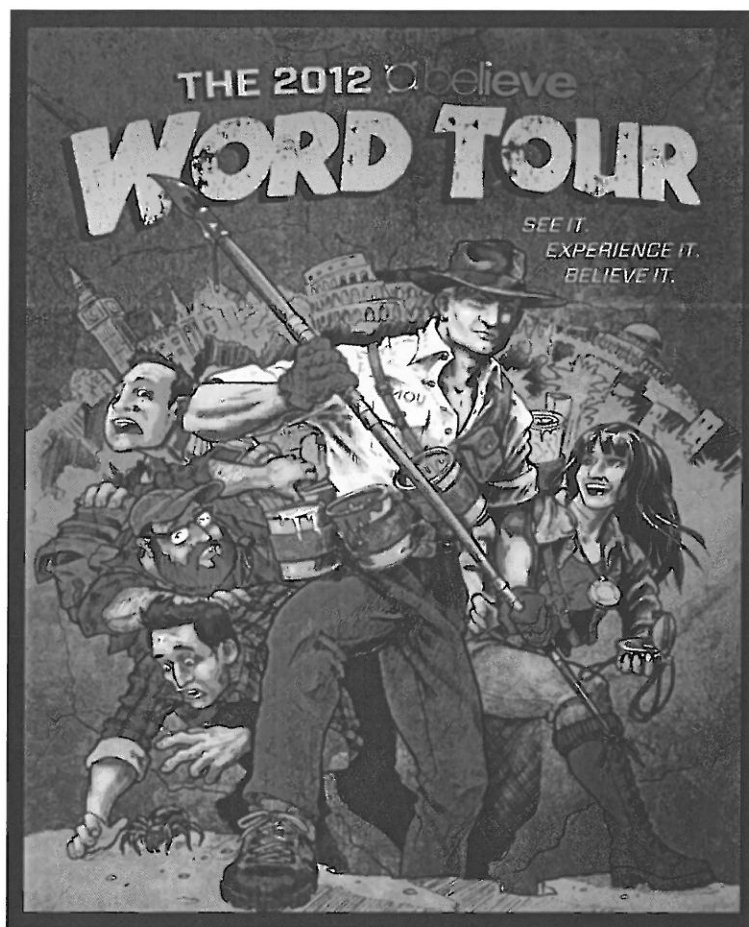


MIDDLE SCHOOL BELIEVE CONFERENCE



February 24th – 25th

Cost: \$49.00

For Students in Grades 6-8 this year

Registration Deadline: February 15

REGISTRATION AND MEDICAL RELEASE – Believe Conference February 24th – February 25th

Name (Last)		(M1)	(First)	Home Phone		Emergency Contact Phone	
Home Street Address				City		Zip	
Email		Shirt Size S M L XL		Grade (current)		Gender M or F	
First Contact		Employer		Work Phone		Cell Phone	
Second Contact		Employer		Work Phone		Cell Phone	

Insurance Company – Primary		Subscriber's Name	
Policy #	Group #	Subscriber's Birth Date	
Insurance Company – Secondary		Subscriber's Name	
Policy #	Group #	Subscriber's Birth Date	
Current Prescription(s) (remember to update any changes)		Allergies	
		Medical Conditions/Notations	

I do hereby give the above named student permission to take part in Believe Conference trip to Cincinnati, OH being sponsored by Ginghamburg Church Student Ministry on February 24th – 25th.

I do hereby agree to Ginghamburg Student Ministry policy on discipline for off site trips, which can include my student being sent home or picked up from the trip location at the parent or guardian's expense. Any expenses incurred by Ginghamburg church in relation to sending named child will be reimbursed by the parent or guardian.

I grant permission for Ginghamburg Church's Student Ministry to use photographs, still images, and video tapings taken during this event for the sole purpose of decorative camp enhancements, presentations publications, and website use. This permission is applicable for current, as well as, future project use.

Ginghamburg Church and affiliations that are associated with Ginghamburg Church under stand a respect you and your child's privacy. There may arise a situation where your child requires medical treatment or medical treatment at a medical facility. To be compliant with the Privacy Law, (HIPAA), enacted by the Federal Government in 2003, Ginghamburg Church and affiliations associated with Ginghamburg Church will not disclose any medical information about your child to any individual or individuals that are not in direct care or temporary guardianship of your child without your authorization. Your child's medical information including any medical documentation that may be completed by a staff member accompanying your child will be kept in a secure place. You have the right to revoke this authorization at any time.

In the event that he/she is injured while participating, I do hereby authorize and consent to any x-ray exam, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any licensed medical or dental staff member on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is further understood that efforts shall be made to contact me, the undersigned, and prior to rendering treatment to the above named child, but that any of the above mentioned treatments shall not be withheld if I cannot be reached.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to review my child's medical release record filed for this event or activity. The review of a medical record will be needed in the event of a medical emergency or to monitor medications or prescriptions being taken by the child.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to accompany my child to a medical facility in the event of a medical emergency requiring physician intervention.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to obtain and release medical information to qualified medical personnel when it is deemed pertinent to my child's illness or injury.

NAME (Parent Please Print) _____

NAME (Parent Signature) _____

(Date) _____

REGISTRATION

- A student ministry registration form must be filled out and turned in by February 15.
- Registration & deposit together will reserve a spot as trips fill up on a first come basis.

HOUSING

We will be staying at First Baptist Church Cold Springs
4410 Alexandria Pike
Cold Spring, KY 41076
859-441-6184

CONTACTS

Trip Leader: Jake Kline (The student to chaperone ratio will be no more than 1 to 7.)
Emergency contact phone number: 419-303-8441

COST

Trip cost: \$49.00

Covers: transportation, lodging, meals and admission.

Spending cash: Bring enough money for fast food meals on the way there and back.

PACKING LIST

NO SUITCASES PLEASE! Gear must be packed in a duffle bag or soft bag. Sleeping bags can be bagged or tied separately. A name tag or duct tape should be very visible on each bag. **Pack light!**

- sweat pants and t-shirts/sweat shirts for sleeping (no pajamas)
- Comfortable, close toed shoes
- Deodorant
- Overnight toiletries (don't forget your toothbrush and toothpaste!)
- Medications in their original labeled containers
- Pillow and sleeping bag (camprest, sleeping pad – no air mattresses)
- Bible and a pen
- Picture ID (suggested)

WHAT NOT TO BRING

- Watches and jewelry other than wedding rings for adults
- Electronic devices (CD players, Ipods, video games, headphones, cell phones)
- Curling irons and hair dryers/ straighteners
- Perfume or cologne
- Magazines
- Sandals

EXPECTATIONS

- Teens can never leave a designated area or travel without an adult
- An adult/teen ratio of one to seven will be honored for all traveling
- No complaining or whining

- No smoking (adults & teens)
- No dating or PDA, even hand holding
- Adults and teens will honor lights out, no exceptions
- No phone calls to home or friends
- No clothes with alcohol, drug, sexual or questionable logos
- Modest clothing (No short shorts, mini skirts, spaghetti strap tops, bare midriffs or open cut sleeveless t-shirts)
- Showers are limited to three minutes whether they are hot or cold
- A buddy system is enforced at all times of three or more persons
- Discipline shall include a conference call home to parents. If not resolved the student will be picked up or sent home at the parent's expense.
- Infractions that include a student to be sent home include, but are not limited too; inappropriate sexual behavior, abusive language or attitude, missing in action, smoking or the possession or use of illegal drugs or alcohol.

DEPARTURE & RETURN DETAILS

Friday February 24th

- | | | |
|---------|---|--|
| 3:00pm | – | Check-in at the Avenue |
| 4:00pm | – | Buses pull out for Believe |
| 5:00pm | – | <i>Check in at FBC and have dinner(bring own money to pay for pizza)</i> |
| 5:30pm | – | Check in at Believe |
| 6:30pm | – | Believe Conference Begins |
| 10:50pm | - | Believe Dismisses |

Saturday February 25th

- | | | |
|---------|---|--------------------------------|
| 8:30am | – | Doors Open at Believe |
| 12:30pm | – | Lunch (covered by Ginghamburg) |
| 2:00pm | – | Believe Resumes |
| 4:30pm | – | Believe Ends |
| 5:00pm | - | Depart |

*(Possible dinner on the road on the way back depending on timing of day.
Bring enough money to cover a fast food meal just in case.)*

- | | | |
|--------|---|-------------|
| 6:00pm | - | Return Home |
|--------|---|-------------|



Christ In Youth Discipline, Liability & Medical Release Form
Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:

- SuperStart! Believe MIX Move Engage Wilderness

Please check which one best describes your attendance:

- Sponsor Student Youth/Children's Minister

Participant Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ H.S. Graduation Year _____

Church You are Attending with (missions trip n/a) _____

City/State _____ Group Leader's Name (missions trip n/a) _____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____ Medications Currently Taking _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I, the participant or for those under 18 the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are required to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I hereby release, forever discharge and agree to hold harmless a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister or sponsor of the Program, or any Christ In Youth staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including by not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Christ In Youth Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility and/or keys not returned at the time of group checkout. I agree to pay for keys not returned at time of group checkout or damage done to any Program facility or Christ In Youth property by the participant.

For valuable consideration received, I hereby irrevocably grant to Christ In Youth, Inc. the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial. I understand that my participation makes me eligible to receive educational information and updates regarding ministry successes and opportunities.

I acknowledge this agreement is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Missouri without giving effect to the principles of conflict of law and the courts within Missouri will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Jasper County, Missouri.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against Christ In Youth or any of the covered parties.

Signature of Participant Named Above _____

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____