

cost: \$35
plus your favorite snack for Friday night

Sign Up Deadline: Sunday, October 3 by noon

You may turn in this form and money
to your SMBS department or to the Ministry Gallery.

Departure: Saturday at 5pm from the Wellness Center Parking Lot

Return: Sunday at 5pm to the Wellness Center Parking Lot

YOU WILL NEED TO BRING:

Bedroll	Pillow
change of clothes	tennis shoes
deodorant & other toiletries	toothbrush & toothpaste
Bible	your favorite snack to share

DO NOT BRING:

Any electronic devices such as your cell phone, ipod, or others.

Direct Questions to:

Stuart Doyle...731.610.3189
Ralph Kunkel...817.703.9617



NRHBC STUDENT MEDICAL AUTHORIZATION & RELEASE AND PARENTAL CONSENT FORM

Student's Name _____ circle: Male or Female
Address _____ Age ____ Grade ____
City _____ Zip _____ Phone _____
Parents' First and Last Names _____
Parent cell (Mom) _____ (Dad) _____
Medical Insurance Company _____ Group Number _____
Doctor _____ Doctor's Phone Number _____
What Church do you attend? _____

MEDICAL AUTHORIZATION & RELEASE

*This Medical Authorization is effective for **October 9 & 10, 2010.***

In the event that medical care is required during the time period specified above, I (we) hereby grant permission for paid staff or church approved sponsors of North Richland Hills Baptist Church to secure medical care for my (our) child and I (we) hereby grant the physician(s) permission to provide any and all medical care necessary for my (our) child's well being. I (We), the undersigned parent(s) of the above child do hereby fully release North Richland Hills Baptist Church and its representatives from any and all damages or liabilities arising out of the medical care provided to my (our) child under this Medical Authorization. I (We) understand that I (we) are responsible for any expenses incurred pertaining to the medical treatment of my (our) child. If only one parent or guardian signs this instrument, such individual hereby represents that he or she has obtained the other parent's or guardian's agreement to the terms of this instrument.

Please list any food or drug allergies, or other pertinent information:

Please list any physical restrictions that would limit participation in any activities.

Parent / Guardian Signature:

Signature _____ Date _____

Parent's Printed Name _____

Home Phone _____ Work Phone _____

Emergency Phone _____

