



# FIGHT

Spring Retreat @  
Camp Silver Beach  
May 3 - 5

Come join us for a weekend getaway of Bible study, fellowship, fun and more!  
Our theme is “FIGHT.”

We can all agree that our world is broken by sin and things are definitely not right. It seems as though the church has settled for just accepting that this is the way things must be. Instead, we as a church must rise up to the calling God has placed on our lives. It’s time to reawaken our hearts to FIGHT for a lost and dying world around us so that they can come to know Jesus and make Him known.

**COST:** \$75

Cost includes 2 nights lodging, 4 meals, recreation, and more!  
(Checks can be made out to KGBC)

We will leave the church at 5:45 p.m. on Friday, May 3<sup>rd</sup>. (Please eat dinner before you come!) We will return on Sunday around noon (after the 11:00 service.)

\*\*\*All forms and money are due by April 21<sup>st</sup>!\*\*\*

## What to Bring:

Bible

Sleeping bag (or twin sized sheets)

Pillow

Toiletries

Towel

Casual clothes

Light jacket

Tennis shoes (required!)

Flashlight

# King's Grant Baptist Church

## Student Ministry Consent Form

Name of youth: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

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

Cell phone(s) \_\_\_\_\_

Secondary contact to notify in case of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their phone: \_\_\_\_\_

### Medical Information

Is your student presently being treated for an injury or sickness or taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. (Please be sure to list medications being brought to the event)

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Please list any medical issues your student has OR any other helpful medical information we may need to know:

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Does your student have any allergies? (general/food/medications)

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Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

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**Emergency Authorization** — I hereby give permission to medical personnel selected by the participant staff of King's Grant Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved taking place in recreation activities and other activities related to participation in youth functions.

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**Signature of Parent or Guardian**

**Date**

**Youth Pledge**  
During youth activities and youth trips, I pledge to follow all the instructions of the youth leader and all adult chaperones, including safety instructions.

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**Signature of Youth**

**Date**