



# Super High Retreat

November 1-3

Register by Oct 20

Tier 1: \$35 Tier 2: \$75 Tier 3: \$100

Camp Willow Run



# HIGH SCHOOL RETREAT

Register by Dec 15

Tier 1: \$60  
Tier 2: \$85  
Tier 3: \$125



Student Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mark Which Retreats You are Signing Up for and the Price Tier for Each

<input type="checkbox"/> Nov 1-3 Super High Retreat	<input type="checkbox"/> Jan 17-19 High School Retreat	<input type="checkbox"/> Mar 27-29 Mission Madness
<input type="checkbox"/> Tier 1 (\$35)	<input type="checkbox"/> Tier 1 (\$60)	<input type="checkbox"/> Tier 1 (\$35)
<input type="checkbox"/> Tier 2 (\$75)	<input type="checkbox"/> Tier 2 (\$85)	<input type="checkbox"/> Tier 2 (\$60)
<input type="checkbox"/> Tier 3 (\$100)	<input type="checkbox"/> Tier 3 (\$125)	<input type="checkbox"/> Tier 3 (\$75)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Huguenot Road Baptist Church**  
**MEDICAL RELEASE INFORMATION FORM**  
**2019-2020**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Class of: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any chronic Health problems that limit physical activity? Yes \_\_\_\_ No \_\_\_\_ List: \_\_\_\_\_

Currently taking any medication? Yes \_\_\_\_ No \_\_\_\_

If YES, please give name of drug and condition being treated: \_\_\_\_\_

Any Allergies? Yes \_\_\_\_ No \_\_\_\_ If YES, please list \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Recent health problems we should be aware of: \_\_\_\_\_

**Insurance Information** (Please include a scanned copy of your insurance card)

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**If emergency medical treatment is required for \_\_\_\_\_ during any activities of Huguenot Road Baptist Church in Richmond, Virginia, and/or during travel to and from any activity taking place during 2019-2020, and I cannot be reached before treatment is considered necessary, I grant permission for one of the sponsors to authorize medical care. The decision that treatment is necessary will be based on the opinion of a licensed physician and the agreement of a sponsor. I agree to notify HRBC if there are any changes in my child's medical condition or medication list prior to participation in a church-sponsored activity. This form remains valid until revoked by the person who signed it.**

\_\_\_\_\_  
Parent, Guardian, or Participant's Signature

\_\_\_\_\_  
Date

**LIABILITY RELEASE FORM**  
**Release of All Claims**

In consideration for being accepted by Huguenot Road Baptist Church for participation in all activities in 2019-2020, we (I), being 18 years of age or older, do for our selves (myself)(and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Huguenot Road Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I)[and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I), the parent(s) or legal guardian(s) of this participant, hereby grant permission for this participant to fully engage in customary activities (including but not limited to swimming, boating, camping, hiking, retreats, and sporting events) and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Print name of participant: \_\_\_\_\_

Signature (only one parent or guardian is required to sign):

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (if age 18): \_\_\_\_\_ Date: \_\_\_\_\_



# FALL 2019

## SEPTEMBER

- 08 Promotion Sunday  
Back 2 School Bash  
+ Church Picnic  
+ Retreat Registrations  
Open
- 14 The Clinic

## OCTOBER

- 12 Farmville Bike Trip
- 13 Sixth Grade Bible  
Presentation
- 20 Bon Air Crop Walk

## NOVEMBER

- 1-3 Youth Super High Retreat  
at Camp Willow Run

## DECEMBER

- 14 12:2 Day of Service  
+ Christmas Party
- 31 12:2 New Year's Eve  
Lock-In

## LARGE GROUP

- Every Sunday Night  
Sept 15 - Dec 8  
6:15-7:30 pm in Room 211
- No Large Group Meeting Nov 3  
& Nov 24*

## SMALL GROUPS

- Every Wednesday Night  
Sept 18 - Dec 18  
6:00-7:30 pm
- No Small Groups Nov 27*

## SAVE THE DATE

- Jan 2-3 Epiphany VBS  
17-19 High School Retreat  
March 20-22 Mission Madness  
May 3 Youth Sunday  
+ Grad Recognition  
June 21-26 Passport Choices  
July 11-18 Owsley County MT

## NOTES