



Super High Retreat

November 1-3

Register by Oct 20

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

Camp Willow Run



21

WINTER YOUTH SUMMIT

CONNECTED

• save the date •

JANUARY 17-19, 2020

Charlottesville, VA

22

MO

12:2 MINISTRIES

21

1000

22

cbf Student Ministry

HIGH SCHOOL RETREAT

Register by Dec 15

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

Richmond VA

March 27-29

12:2 MINISTRIES

MISSION MADNESS

10TH ANNIVERSARY

Tier 1: \$35
Tier 2: \$60
Tier 3: \$75

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

Nov 1-3 Super High Retreat

Jan 17-19 High School Retreat

Mar 27-29 Mission Madness

Tier 1 (\$35)

Tier 1 (\$60)

Tier 1 (\$35)

Tier 2 (\$75)

Tier 2 (\$85)

Tier 2 (\$60)

Tier 3 (\$100)

Tier 3 (\$125)

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



LARGE GROUP		SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
SMALL GROUPS		SAVE THE DATE		NOTES	
Every Sunday Night Sept 15 - Dec 8 6:15-7:30 pm in Room 211 <i>No Large Group Meeting Nov 3 & Nov 24</i>		08 Promotion Sunday Back 2 School Bash + Church Picnic + Retreat Registrations Open	12 Farmville Bike Trip 13 Sixth Grade Bible Presentation 20 Bon Air Crop Walk	1-3 Youth Super High Retreat at Camp Willow Run 31 12:2 New Year's Eve Lock-In	14 12:2 Day of Service + Christmas Party
		Jan 2-3 17-19 March 20-22 May 3 June 21-26 July 11-18	Epiphany VBS High School Retreat Mission Madness Youth Sunday + Grad Recognition Passport Choices Owsley County MT		