



SUBMERGE

October 20 & 21

**Overnight Retreat
for 4th and 5th grade**

Submerge 2017

What is Submerge?

Submerge is an overnight retreat with Pastor Eric for 4th and 5th graders held at KFBC. There will be time dedicated to fellowship through eating and games as well as time to dive deep into the word of God. It begins **Friday, October 20th at 6pm** and ends **Saturday, October 21st at 2pm.**

What is included in the cost?

The \$35 fee covers food, a t-shirt, and supplies for the activities.

What do you need to bring?

- Sleeping bag, pillow, or other bedding
- Comfortable clothing
- Pajamas
- Toiletries (toothpaste, toothbrush)
- Bible

Are we allowed to bring friends?

Yes, this is a great event to invite a friend to come and see what KFBC is all about! Please make sure that your friend has registered.

How do I sign up?

Please return the Registration Form and Medical Release Form to Kristen Mace along with your \$35 payment. The deadline to register is **Sunday, October 15th.**



SUBMERGE 2017 Registration Form

October 20th & 21st

**Complete this form and return it to the
Children's Ministry Office**

Child's Name	DOB	Gender	Grade	T-shirt Size

Name of Parent/ Guardian: _____

Home #: _____ Cell #: _____

Emergency contact: _____ Contact #: _____

email address: _____

Does your child have any food allergies? _____

Signature of Parent/Guardian: _____ Date: _____

_____ My Child Attended Children's Camp in 2017. (No Medical Release Form Needed)

_____ I have included the Medical Release Form.

_____ I have included my payment of \$35.

PARENT/GUARDIAN ACTIVITY PERMISSION

ACTIVITIES:

I hereby give my permission for _____ to take part in various sponsored trips, outings, and camps of Kingwood First Baptist Church, Kingwood, Texas. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any dangerous or inappropriate activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

PICTURES:

I consent and give permission for the use of photographs of myself, my family and/or my child taken while at church activities to be used for the promotion of Kingwood First Baptist Church on their web page, videos or printed materials. _____ (initial).

MEDICAL RELEASE AGREEMENT:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff or any liability against personal losses of named child.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the church representatives or sponsors.

Parent/guardian signature: _____ Date: _____

NOTARY PUBLIC

The above, personally appeared before me and in my presence executed the permission and release form. Witness my hand and official seal this _____ day of _____, 201____.

Notary Public

Note: Please attach a front and back copy of your medical insurance card.