

SUBMERGE

2018

October 19th & 20th

Overnight Retreat
for 4th and 5th grade

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2018

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 19th at 6pm** and ends **Saturday, October 20th 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 Sarah Waggoner along with your \$35 payment. The deadline to register is **Sunday, October 14th.**

SUBMERGE 2018 Registration Form

**“Complete this form and return it to the
Children’s Ministry Office”**

Name of Parent/ Guardian: _____

Home #: _____ Cell #: _____

Emergency contact: _____ Contact #: _____

Email address: _____

Does your child have any food allergies? _____

Child's Name	DOB	Gender	Grade	T-shirt Size

Signature of Parent/Guardian: _____ Date: _____

_____ My Child Attended Children’s Camp in 2018. (No MRF Needed)

_____ I have included the Medical Release Form.

_____ I have included my payment of \$35.

Medical Release

Kingwood First Baptist Church
Children's Ministry

Effective dates: May 1, 2018 – May1, 2019

Please print in ink

Name: _____ Age _____ Birthday _____
 Last First Middle

Grade _____ Male Female

Address _____ City _____ State _____ Zip _____

Phone _____

Medical insurance company _____ Policy # _____

Primary Policy Holder's Birth date _____

Mother's name _____ Phone: Home _____ Work _____
Cell _____

Father's name _____ Phone: _____
Home _____ Work _____ Cell _____

Emergency contact _____ Phone: _____
Home _____ Work _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Check the following areas of concern. If necessary, add another page with details:

1. Does your child have allergies to
 pollens medications food insect bites
Explain: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

3. Date of last tetanus shot: _____

4. Does your child wear glasses contact lenses

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:
Should this child's activities be restricted for any reason? Please explain:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the sponsors should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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.

