

—PAYMENT DETAILS—

The total cost for the trip will be **\$65**. This includes lodging, transportation and the conference. It does not include dinner Friday night and Lunch on Saturday.

—TRAVEL INFO—

**Departure:**

Friday, March 11 @ 5:30pm  
From Church Office

**Return:**

Saturday, March 12 @ 6:00pm  
At Church Office

**More Info:**

hmayer@churchatthebay.com  
(813)579-3978

—CONTACT INFO—

**trip leader:**

Hal Mayer

**emergency contact:**

813-389-5359

—TRIP DETAILS—

- ◆ We will be leaving from the Church Office at 5:30 on Friday and return at 6:00 on Saturday
- ◆ Church Office:  
5008 W Linebaugh Ave #24  
Tampa, FL 33624

**What To Bring:** Bible, pen, appropriate clothes, bug spray, sunscreen, toiletries,

**What Not To Bring:** Guns, knives, tobacco, alcohol, questionable reading material, or a bad attitude. All types of I-pods and cell-phones will be turned off during the sessions, or will be confiscated for the time we are there.

—EXTRA INFO—

- ◆ If you child becomes unruly, they will be sent home at the parents expense.
- ◆ Extra money is only required for two meals and any souvenirs/snacks the student would want.

**[PARENT CONSENT & RELEASE]**

As a parent/legal guardian of:

\_\_\_\_\_  
*(name of participant)*

I give my permission for the above mentioned participant to attend Church at the Bay's Student Ministry Trip to Believe.

I do hereby release, forever discharge and agree to hold harmless Church at the Bay, the directors, staff and volunteers from any and all liability, claims or demands for and hereby assume all risk 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/or the student participant while the student is participating in activities, trips or events sponsored by Church at the Bay's Student Ministry.

I hereby grant Church at the Bay, or any adult acting on their behalf permission to seek medical attention and hereby authorize medical treatment as necessary and assume the responsibility of all medical bills, if any.

I understand that if my son and/or daughter cannot follow the trip rules, then he or she may be sent home at my expense. I commit to pray for the safety and spiritual growth of my young person while they are on the trip.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Parent/legal guardian printed name

\_\_\_\_\_  
Date

[REGISTRATION INFO]

Student's Name

Address

City, State, Zip

Home Phone Number

Student's E-mail Address

Emergency Contact Phone

Health Insurance Company

Insurance Policy No.

(include photo copy of insurance card)

Grade: 6 7 8 9 10 11 12 (circle)

Special Concerns or Other Information  
(allergies, medications, etc.)



**Church at the Bay  
Student Ministry**

**JR. High "BELIEVE"  
CONFERENCE**

**MARCH 11-12**





## Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

### Event you will be attending:

- Know Sweat     Missions Trip     believe     move     SuperStart!     Discipleship  
 Wilderness     Elevate     On Purpose     Mission Leader Training Trip

### Please check which one best describes your attendance:

- Sponsor     Student     Youth/Children's Minister

Participant Name \_\_\_\_\_  Male     Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant email \_\_\_\_\_ Home Phone \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Church You are Attending with (missions trip n/a) \_\_\_\_\_

City/State \_\_\_\_\_ Group Leader's Name (missions trip n/a) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_ Medications Currently Taking \_\_\_\_\_

Parents/Legal Guardians Name (with whom you live) \_\_\_\_\_

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone \_\_\_\_\_ Parent(s) email \_\_\_\_\_

Person to notify if parent/legal guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by Christ In Youth or campus officials, including any keys not returned at the time of group check out.**

Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Christ In Youth to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above \_\_\_\_\_

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_

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Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box.

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box.