



INFORMATION & REGISTRATION SHEET

ABOUT

Winter Breakout is a conference for students in 7 - 12th grade. It is a partnership between the Montgomery and Blue Ridge Baptist Associations. The purpose is for students to come together to learn new skills for being leaders in their churches, schools, and homes. The format for the retreat includes several workshops, dynamic worship, games, sports tournaments, a concert, and lots of time to interact and get to know other people. We are currently planning for Winter Breakout 2010.

DATES

February 12-14, 2010.

COST

\$125 per student.

DEADLINES

- Sunday, December 13, 2009 – Registration sheet, plus \$50 deposit due for any student who wishes to go.
- Sunday, February 8, 2010 – Final balance of \$75 due.

TRIP MEETING

A final information meeting will be held on Sunday, February 8, 2010. This meeting will be held during the Sunday School hour and must be attended by any student attending, along with at least one parent.

FORMS

The attached form includes event permission and medical release. The medical release side will need to be notarized.

GUIDELINES FOR YOUTH MINISTRY ACTIVITIES:

The following guidelines are not to restrict or to confine students, but serve as a way we can closely ensure the safety of the participants. If these guidelines are violated by students certain consequences will result. These consequences will be defined on a case by case basis and may require parental involvement. These guidelines are summarized by just one simple rule - **Students: use common sense in every decision and action.**

1. Be encouraging and respectful of all participants in an event/activity. Remember our goal is to build people up, not tear them down.
2. No one under age 21 is allowed to drive a vehicle during a youth event.
3. All students/participants must display respect and obedience to our staff and volunteer advisors.
4. All our events/activities are substance free. Possession or use of alcohol, tobacco products, or other mood altering substance is strictly prohibited. Only prescribed medications are allowed.
5. Think of everything you do and say as work on God's behalf. Act and speak accordingly.

CONSENT FORM FOR YOUTH MINISTRY ACTIVITIES

As a parent/legal guardian of _____, I have reviewed the information about the youth ministries at Redland Baptist Church and give my permission for my/our youth to be involved in the overall activities. I understand that for each specific event/activity I must fill out the designated permission form in order for my student to participate fully.

I/We have reviewed the guidelines of the ministry and agree that if these guidelines are not followed certain consequences will result on a case by case basis. I /We also acknowledge that if my student has to return home early for disciplinary violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my student during the activities to be used, distributed, or shown as Redland Baptist Church sees fit.

I/We have read and understand the following:

- Redland Baptist Church staff and volunteer leaders will exercise reasonable care to conducting activities and events in a safe manner.
- Leaders can not guarantee the safety of event participants against all risks.
- Events may involve risks which are beyond the reasonable anticipation or control of the leaders.
- Parents/guardians and participants have a duty to exercise reasonable care for the youths' safety and the safety of others.

I/We have read and agree to exercise due care in the following:

- Granting permission for my/our youth to participate in youth events.
- Instructing and preparing my/our youth for participation in youth events.
- Advising leaders in advance of any special needs or circumstances that may be involved in my/our youths' participation in youth events.

Parent/Guardian Signature:

Student Signature:

_____ Date: _____

_____ Date: _____

No student will be able to participate in any ministry event until this form is returned to the church. You may mail the completed form to the church office (attention Kevin) at 6922 Muncaster Mill Road Rockville, MD 20855 or fax it at (301) 977-9397

MEDICAL RELEASE AND PHOTO/VIDEO PERMISSION FORM

EVENT: MBA/BRBA Winter Breakout 2010, February 12-14, 2010

DATE: _____

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

In case of emergency notify: _____

Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Family Insurance Company: _____ Policy #: _____

Immunizations (circle applicable) Tetanus Polio Booster Measles Mumps

Medical History Circle appropriate information: Asthma Sinusitis Bronchitis Kidney Problems Heart Problems
Diabetes Dizziness Stomach Upset Hay Fever

Other _____

Food _____

Penicillin or other drug (name) _____

Insect Stings/Bites _____

Poison Sumac, Oak, Ivy _____

Other: _____

List any current medications you are taking _____

Special Diet Concerns: _____

Childhood Diseases (circle applicable): Chicken Pox Measles Mumps Whooping Cough

Other: _____

Permission for Treatment and Photo/Video Notice

My permission is granted for the MBA/BRBA/MMBA Baptist Association's Directors, church officials or any MBA/BRBA/MMBA staffer in charge to obtain necessary medical attention in case of sickness or injury to my child _____ . I also understand that as a participant, my child may be photographed or videotaped during normal Winter Breakout activities and these photos/videos may be used in promotional material. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Montgomery/Blue Ridge Baptist/Mid Maryland Associations and _____ Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the above for Dated this _____ day of _____, _____.

Parent (s) Signature _____

Notary Signature _____

NOTE: Youth Leaders need to bring a photo-copy of this sheet for each participant, including adult counselors, to registration. The original copy of the medical release form with attached photo-copy of participants insurance card stays with Youth Leaders. Both original and photo-copy will need to be notarized.