

Senior High DNOW 2012

Youth Retreat led by a team from Liberty University. Worship and teaching hosted at Purcellville Baptist, boys and girls small groups led by volunteers from Blue Ridge, overnight hosting by Blue Ridge families. Will include great teaching, discussion and prayer, service projects in the community, and tons of fun!

When?

Feb 24 @ 5:30pm to Feb 26 at noon

How much? \$50

Deadline is February 15th

(cost includes Friday dinner through Sunday breakfast and a t-shirt)

More info? 540-338-2299

rich@brbible.org

DNow 2012 Registration

STUDENT NAME

D.O.B.

Grade

Shirt Size (Adult S,M,L,XL)

List **two** friends you'd like to stay with (can't guarantee, but we'll do our best): _____

Were you invited by a friend that attends this church? If so, who? _____

PARENT EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE _____ PARENT CELL: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____ to participate in DNow 2012 on February 24-26, 2012.

We, (I) being 18 years of age or older, do hereby waive release, forever discharge and agree to hold harmless and indemnify *Purcellville Baptist Church, Blue Ridge Bible Church, and Hamilton Baptist Church* and their officers, trustees, agents, instructors, volunteers, contributors, church leadership and the members of *Purcellville Baptist Church, Blue Ridge Bible Church, and Hamilton Baptist Church* from any and all liability, claims or demands for personal injury, sickness or death, and property damage of any nature whatsoever arising either from the improper or negligent acts arising out of, or connected with my student's participation in this event which may be incurred by the guardian and the student participating in DNow 2012.

We, (I) also assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

We, (I) are the parents or legal guardians of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) 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.

Health Insurance: __Yes __No

Insurance Company

Policy #

Physician's Name

Physician's Phone

Emergency Contact(s)

Phone#

Parent or Guardian

Date

Please list any allergies or special medical problems your student may have: