

For office use only: Date received: _____

Amt: \$ _____

ck# _____

Shelby: { } t-shirt { }

BELIEVE WEEKEND

Oakwood Student Ministry

January 26-28, 2018

Sign Up Now!!

EARLYBIRD: Pavilion 5:30p-9p, paid in full!
\$60 EARLYBIRD SPECIAL OCTOBER 25, 2017
\$50 for the first 50 registered!!!

\$20 deposit guarantees registration rate & your spot
\$85 Regular Registration by Jan 20th
\$100 Late Registration begins Jan 21st

PLEASE PRINT

_____	_____	_____	____/____/____
Student Name	Grade	Gender (M/F)	Date of Birth
_____	_____	_____	_____
Address	City/State	Zip	Adult T-Shirt Size
_____	_____	_____	_____
_____	_____	_____	_____
Student Cell #	Student E-Mail		
_____	_____		
_____	_____	_____	_____
School Attending	Current Church		
_____	_____	_____	_____
Parent Name	Cell #	E-mail	
_____	_____	_____	
Parent Name	Cell #	E-mail	
_____	_____	_____	

Can your parent be a driver? **Y or N** Parent Name _____
Fri 9:30pm Sat Morning Afternoon Evening Sun 9:00am

Would your parent like to help? **Y or N** Parent Name _____
Registration Help *Fri. 5:45pm* **Serve Food** *Fri 7pm Sat Noon*
Setup/Clean Up *Fri 8pm Sat 12pm Sun 9am*

Name 1 student you would like to be in a house with:

This does not guarantee that you will be in the same house. We will do our best.

Registration form with a \$20 deposit will reserve your rate & spot! Full payment due by Saturday, January 20th
You can mail to: Oakwood Baptist Church 2154 Loop 337 New Braunfels, TX 78130
For more information call at 830-625-0267 or e-mail tory.tierney@oakwoodnb.com

OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

STUDENT NAME: _____ GENDER: M / F
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME: _____
(FOR THOSE UNDER 18)

ADDRESS _____ CITY, STATE, ZIP _____

PARENT CONTACT NUMBER _____ ALT. EMERGENCY CONTACT NUMBER _____

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. _____

Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc.

CURRENT IMMUNIZATION STATUS: Tetanus _____ Polio _____

MEDICAL INSURANCE: Company Name & Policy Number _____

Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any trips.

PARENT SIGNATURE

FOOD ALGERIES / SPECIAL FOOD NEEDS

Photograph/Video Notice

PARENT SIGNATURE