



2012 believe WORD TOUR

See it!
Experience it!
Believe it!

Middle School Retreat
March 9-10
Kissimmee, FL

Cost \$150 per person includes:
Hotel, Food, Transportation, Conference, Disney Quest

TO REGISTER COMPLETE THE MEDICAL RELEASE ON BACK
AND RETURN WITH
DEPOSIT OF \$50 DUE BY FEBRUARY 1st

SCHEDULE

Friday, March 9

3:00 pm – Meet at LRC
3:30 pm – Leave LRC
6:30 pm – Doors Open
7:30 pm – Main Session #1
8:30 pm – Break Time
8:45 pm – Main Session #2
10:50 pm – Dismiss

Saturday, March 10

8:30 am – Doors Open
9:30 am – Main Session #3
10:45 am – Break Time
11:00 am – Main Session #4
12:30 pm – Lunch
2:00 pm – Doors Open
3:00 pm – Main Session #5
4:30 pm – Dismiss
5:00 – 9:00 pm – Disney Quest
11:00 pm – Return to LRC

We will be staying at Baymont Inn & Suites in Kissimmee, FL 407-994-1900
For more information on speakers and the conference go to www.ciy.com/believe

2012 Sarasota Baptist Church Permission and Medical Release Form

This Medical Release covers all events of Sarasota Baptist Church, Student Ministries for the 2012 calendar year. This Medical Release also covers other church events during the 2012 calendar year.

Name _____ Date of Birth _____ Age _____ Gender _____
Address _____ Grade for School Year 2011-2012 _____
City _____ State _____ Zip _____ Home Phone _____
Parents Names _____
Work Phone (Dad) _____ (Mom) _____
E-Mail (Dad) _____ (Mom) _____
Family Physician _____ Phone Number _____
Family Insurance Company _____ Policy Number _____
In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. **You MUST complete this information.**
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Past Medical History (Check giving appropriate information)

- Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
 Dizziness Stomach Upset Hay Fever Allergies Asthma

Allergies (list type) Food _____
Drugs _____
Insect Stings/Bites _____
Immunizations – Check if Current: Tetanus Polio Booster Measles Mumps
Previous operations or serious illnesses _____
Any current medications (list) _____
Special Diet _____
Any other special instructions regarding child: _____

Permission and Release

My permission is granted for the staff members or the designated/approved church representatives of Sarasota Baptist Church to obtain necessary medical attention in case of sickness or injury to my child, _____.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Sarasota Baptist Church, and its staff/representatives, from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage of injury while employed by or participating in the Student Ministry events.

- I further grant permission for my child to accompany Sarasota Baptist Church on approved trips of the church and to ride in approved vehicles with church approved drivers.
- The rights, powers, and authority of said representatives to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me in writing.
- At all Student Ministry events digital pictures are taken for the sole purpose of promotion. I understand that my son/daughter's picture may be used on our website or publications to promote Student Ministry events.

I have supplied, understood, and agree to all the information contained on this Medical Release Form.

Parent/Guardian Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____.

Notary Signature _____
Personally known _____ OR Produced Identification _____
Type of Identification Produced _____

