



A weekend getaway  
for all girls in 7<sup>th</sup> – 12<sup>th</sup>  
grades!

November 3 – 5, 2017

Come join us for a beach getaway at Sandbridge! This weekend is designed to challenge your heart and enrich your friendships with some “girl time” and teaching from the Word. Our sessions will include topics that touch on the female tendencies of the heart and will be led by women from our church!

We hope you'll join us for an unforgettable weekend retreat.

If you have any questions, please contact Beth Anderson –  
340-0902

**COST: \$100**

Cost includes 2 nights lodging in a HUGE beach house (on the water!)

5 meals, activities, t-shirts and other fun surprises!

(Checks can be made out to KGBC with Girls Retreat in the memo)

We will leave the church at **5:00 p.m.** on Friday, November 3rd.

(We will eat dinner at the beach house.)

We will return on Sunday around noon (after the 11:00 service.)

As always, students are encouraged to invite friends!

**\*\*\*All forms and money are due by October 29<sup>th</sup>!\*\*\***

### **What to Bring:**

Bible

Favorite notebook and pen

Pillow

Toiletries

Casual clothes

One cute outfit (we'll be taking fun pictures!)

Bathing suit (we have an indoor pool!)

Flashlight

Favorite snack to share

# King's Grant Baptist Church Student Ministry Consent Form

Name of youth: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

Secondary contact to notify in case of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their phone: \_\_\_\_\_

## Medical Information

Is your student presently being treated for an injury or sickness or taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. (Please be sure to list medications being brought to the event)

\_\_\_\_\_

\_\_\_\_\_

Please list any medical issues your student has OR any other helpful medical information we may need to know:

\_\_\_\_\_

Does your student have any allergies? (general/food/medications)

\_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**Emergency Authorization** – I hereby give permission to medical personnel selected by the participant staff of King's Grant Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved taking place in recreation activities and other activities related to participation in youth functions.

\_\_\_\_\_

**Signature of Parent or Guardian**

\_\_\_\_\_

**Date**

## Youth Pledge

During youth activities and youth trips, I pledge to follow all the instructions of the youth leader and all adult chaperones, including safety instructions.

\_\_\_\_\_

**Signature of Youth**

\_\_\_\_\_

**Date**

# Girls Retreat

Name: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_