



REVIVAL
NOT
SURVIVAL

Spring Retreat @

Camp Silver Beach

March 23 - 25

Come join us for a weekend getaway of Bible study, fellowship, fun and more!

Our theme is “Revival Not Survival.”

Many students are merely going through the motions of life and just trying to survive their culture instead of being the transformational life changers God has called them to be. We want to fix that problem! We want to change the conversation. We want students to live life believing that not only can revival in our world be a reality, but they can also be a part of it!

COST: \$75

Cost includes 2 nights lodging, 4 meals, Alpine Tower experience and more!

(Checks can be made out to KGBC)

We will leave the church at **5:45 p.m.** on Friday, March 23rd. (Please eat dinner before you come!) We will return on Sunday around noon (after the 11:00 service.)

*****All forms and money are due by March 11th!*****

What to Bring:

Bible

Sleeping bag (or twin sized sheets)

Pillow

Toiletries

Towel

Casual clothes

Light jacket

Tennis shoes (required!)

Flashlight

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