



DNOW 2019 THEME: Global Youth Ministry will lead us through 2 Timothy in a study called “Kindle the Fire, Unleashing the Power of Jesus.”

COST: Registration fee for the retreat is \$100 and includes transportation, lodging, recreational activities, production costs (Speaker, staging, etc.) and 5 meals. \$100, registration card, and medical form (if not previously turned in) are all due to Bro. Mark by January 27th.

TRANSPORTATION: We will meet on Friday, February 22nd in the front church parking lot by the bell tower at 5pm. Students will return to the church by 12 PM on Sunday, February 24th.

LODGING/MEALS/SPENDING MONEY: We will be at the Laguna Beach Christian Retreat Center (www.christiancamp.com) on Panama City Beach. Meals will be provided by staff at the retreat starting with dinner on Friday and ending with breakfast on Sunday morning. Gluten-Free options will be available. Spending money is optional for the onsite snack shop.

ST. ANDREW BAPTIST MEDICAL FORM: If your child does not have an up-to-date medical form on file with the church, please complete the attached form and submit to Lauren Hahn in the church office. Lauren can also notarize the form for you.

WHAT TO BRING:

- A Bible, notebook, pen, or pencil
- Your cell phone will not be needed!
- Pack small
- Clothing for 2 nights & 2 days
- Water Bottle
- Jeans, shorts for evening worship.
- Pajamas
- Tennis shoes
- Linens: Sleeping bag or twin sheet set and blanket
- Pillow
- Light jacket or hoodie (check the weather forecast)
- Toiletry items: soap, shampoo, deodorant, toothbrush, soap, etc.
- Sunscreen
- Towel and wash cloth
- Umbrella, Rain jacket, or poncho (Optional)

D-NOW 2019 REGISTRATION CARD

NAME _____

GENDER: M F
(Circle One)

SCHOOL GRADE: _____

T SHIRT SIZE: S M L XL
(Adult Sizes (Circle One))

EMERGENCY CONTACT #: _____

If not attending full event, please list details of time and day you will be out:

Please List any food restrictions: _____

Event Fee: \$100, Registration Card, and Medical Treatment Form (if not previously completed)
All Due to Bro. Mark By January 27th

D-NOW 2019 REGISTRATION CARD

NAME _____

GENDER: M F
(Circle One)

SCHOOL GRADE: _____

T SHIRT SIZE: S M L XL
(Adult Sizes (Circle One))

EMERGENCY CONTACT #: _____

If not attending full event, please list details of time and day you will be out:

Please List any food restrictions: _____

Event Fee: \$100, Registration Card, and Medical Treatment Form (if not previously completed)
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NAME _____

GENDER: M F
(Circle One)

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T SHIRT SIZE: S M L XL
(Adult Sizes (Circle One))

EMERGENCY CONTACT #: _____

If not attending full event, please list details of time and day you will be out:

Please List any food restrictions: _____

Event Fee: \$100, Registration Card, and Medical Treatment Form (if not previously completed)
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EMERGENCY MEDICAL TREATMENT FORM

Update of information will be the responsibility of the participant, parent or guardian. NOTE: This form will be used only when an emergency contact cannot be notified and emergency medical attention is needed. Form must be notarized and a copy of participant's medical insurance card attached.

Participant Full Name: _____ DOB: _____

Participant Address: _____ Phone _____ Age _____

City, State, Zip

Participant's emergency contact Name: _____ Phone _____

Alternate emergency contact Name: _____ Phone _____

Medical Insurance Company: _____ Policy # _____

Insurance Company Phone: _____ Group # _____

Primary Insured: _____ Relationship to Participant: _____

Is participant presently under medical treatment/taking medication? Yes _____ No _____

If yes, describe: _____

Frequency of medication: _____

PAST MEDICAL HISTORY:

Are any of the following applicable to participant?

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____ Diabetes _____

Dizziness _____ Hay Fever _____ Other _____

Any previous operations or serious illnesses: _____

List allergies, if any, including allergies to medicines: _____

List any other physical condition(s) of which St. Andrew Baptist Church should be aware: _____

The undersigned participant _____
or parent/guardian of (enter participant name if under age 18) _____

hereby consent to any and all emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of St. Andrew Baptist Church. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by qualified physicians.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signatures below: (Sign in presence of Notary)

Date _____ Participant/Parent/Guardian Signature _____

Date _____ Participant/Parent/Guardian Signature _____

State of Florida, County of Bay.

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that the above named person who is known to me or has produced _____ as identification.

Sworn and subscribed before me this _____ day of _____, 20 _____

Notary Signature _____

My Commission Expires _____

Notary Seal

ATTACH COPY OF MEDICAL INSURANCE CARD (front & back)