JHIGH BEACH RETREAT 2014
PARENT INFORMATION – West Campus

➢ **Departure Information:** Drop Off students for check in at the Southeast Parking lot on Sunday, June 15 at 8:00 am. Please say your “good-byes” at this time. We will go as a group to the Worship Service and then load the busses.

➢ Label everything with your student’s name.

➢ Remember to have your student bring a sack lunch & a snack for the bus ride on Sunday. We will provide the drinks.

➢ We will be staying at condominiums on the beach in Biloxi, Mississippi. Each student will stay in a two or three bedroom condo with 6-8 other students and with one or two adult leaders. Each condominium is equipped with a full kitchen and food will be provided in the condos for breakfast and lunch each day. The evening meals will be catered.

➢ **Arrival Information:** We will return on Friday, June 20 at approximately 6:00 p.m. Buses will unload in the Southeast parking lot.

➢ Calling – If you must get a hold of your student in an emergency, please call our Staff in SBC Headquarters at the numbers listed below. Phones in the condominiums are not available for students to use for non-emergency phone calls.

➢ The condo units we are staying in are individually owned. You are financially responsible for any property damage as a result of your student’s misconduct.

➢ Students will need to pack the following items in ONE MEDIUM sized suitcase:
  * Bible & Pen
  * Two Beach towels and swimsuit (No two-piece swimsuits allowed)
  * Bath towels
  * Tennis shoes, sandals, or Flip Flops
  * Casual clothes (shorts/T-shirts, etc. We will not dress up for anything.)
  * Personal articles (deodorant, soap, shampoo, toothpaste, toothbrush)
  * Strong sunscreen (recommend SPF 20 or higher) & Sunglasses
  * Extra money for snacks, souvenirs, and the Beach Retreat Store!

*Do not bring:* alcoholic beverages, tobacco products, firearms, knives, drugs, fireworks, balloons, balloon launchers, or inappropriate T-shirts, “short” shorts, bikinis, tight clothing, skimpy tank tops, tube tops, halter tops or other revealing clothing. **GIRLS: must wear one-piece swimsuits (no tankinis)**

➢ In case of an ABSOLUTE emergency during the retreat, we can be reached by calling the Second Baptist Church Dispatch at 713-365-2327. **Have the attitude - no news is good news**

➢ **Parent Meeting:** Parents are required to attend one of the following Beach Retreat parent meetings.
  * *Both meetings will include information for both JHigh and High School Beach Retreat.*

**Wednesday, May 28th** at 6:00 pm in the High School Room
Or
**Sunday, June 1st** at 12:30 pm in the High School Room

Mail Registration to:
Second Baptist Church
Student Ministry West Campus
19449 Katy Freeway
Houston, TX 77094
JHigh Office: 713.365.2406
JHIGH BEACH RETREAT 2014
REGISTRATION CHECKLIST

___ STUDENT PROFILE COMPLETE

___ UPDATED PHOTO OF STUDENT IN COLOR

___ BEHAVIOR CONTRACT SIGNED BY BOTH STUDENT & PARENT

___ ALL MEDICAL FORMS FILLED OUT COMPLETELY

___ SBC LIABILITY AND WAVIER SIGNED BY PARENT

___ COPY OF BOTH FRONT AND BACK OF INSURANCE CARD
   *If your student does NOT have insurance, please note their medical forms appropriately.

PLEASE MAKE SURE ALL FORMS ARE FILLED OUT AND COMPLETE

second students
Second Baptist Church  Junior High Beach Retreat
June 15 – June 20, 2014

I will be attending with (circle one)
Woodway Campus    West Campus    North Campus    South Campus    Cypress Campus

STUDENT INFORMATION:
Name ________________________________________________
(First Name)       (Middle Name)       (Last Name)

Address _________________________________________________
City __________________ St _______ Zip ______________________
Home Phone # ____________________ Birthday __________________
Student Cell # ____________________ Gender (Circle One) Male Female
Junior High/Middle School ____________________ Grade (Next Year: Fall 2014) ______
Parent Email Address ________________________

Are you a member of Second Baptist Church? Yes or No If not, where? ________________

PAYMENT OPTIONS
I am paying by: Cash _____ Check ____ (check #____) Credit Card ______

Please check one
$675 – Early Bird Full Payment Special (full payment by 4/20/14)
_________________________ Payment in full of $675 by 4/20/14

$725 – Regular Price (4/21/14 - 6/8/14)
_________________________ $725

$775 – Late Registration (after 6/8/14)
_________________________ $775

CREDIT CARD INFORMATION:
(Circle One) Visa  Master Card  American Express  Discover
Card Number ___________________________________________ Expiration Date ____________
Name as it appears on card ____________________________ Billing Zip Code ________________
Card Holder’s Signature ____________________________ Cardholder’s Phone Number ______

Second Baptist Church  JHigh Ministry  www.second.org
Mailing Address  Campus Contacts  North 713-365-6306  South 713-365-6001
6400 Woodway Dr.  Woodway 713-365-2494  West 713-365-2406
Houston, TX 77057  Cypress 713-365-6011

Office Use Only:

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BEHAVIOR CONTRACT

1. I will obey my Adult Leaders without question or hesitation. They are in charge of you for the week.
2. I will let my Condo Leader know where I am at all times. It is my responsibility to tell my Leader where I will be during free time.
3. I will always wear my nametag.
4. I will not curse or use profanity.
5. I will have a positive attitude.
6. I will not be on the balcony of any condominium at any time.
7. I will not push, pull or throw anyone into the pool.
8. I will swim only when and where lifeguards are on duty. I will obey the “Buddy System” - when entering the ocean, I will (1) have a buddy, (2) check in at the lifeguard station, and (3) give my name tag to the lifeguard.
9. I will not associate with anyone who is not a part of our Beach Retreat Group.
10. I will keep my condominium clean. No raids, rough play or pranks are allowed. I am financially responsible for any damage to property, condominium or bus.
11. I will obey the rule of “No guys in girls’ condos or no girls in guys’ condos” unless my Adult Leader is present and it is a planned and organized activity.
12. I will not be in any condo, including my own, for more than 5 minutes unless my Adult Leader is present.
13. I will not be out of my condominium after the night’s curfew. The condominium has Quiet Hours beginning at 10:00 p.m. each evening. I will be courteous to other guests by observing this time. Curfew is in effect until 15 minutes before each morning’s Silent Sounds.
14. I will not leave the condominium complex for any reason except on planned activities with our group and Adult Leaders.
15. I will be on time for all activities.
16. I will not bring or purchase any of the following: alcoholic beverages, tobacco products, firearms, knives, drugs, fireworks, balloons, balloon launchers, or inappropriate T-shirts. While on the retreat, I will not participate in any of the following: tattooing, haircuts, hair coloring, or ear/body piercing. My Adult Leader will inspect my luggage when we arrive at the condominium.
17. I will not set off any fire alarm as a prank as any one who does will be turned over to the police department. Upon release, that student will be sent home immediately.
18. I will not bring excessive cash, expensive jewelry or other items that may be lost or stolen.
19. I will never go anywhere by myself.
20. I will wear appropriate, conservative clothing. The following are not allowed: short shorts, bikinis, tight clothing, skimpy tank tops, tube tops, halter tops or other revealing clothing. GIRLS: must wear one-piece swimsuits (no tankinis)

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE RULES FOR MY OWN SAFETY AND FOR THE SAFETY OF THE GROUP. I UNDERSTAND ANY STUDENT WHO CAUSES PROBLEMS ON THE RETREAT WILL LOSE FREE TIME PRIVILEGES OR BE SENT HOME AT THEIR PARENTS’ EXPENSE.

Student’s Signature: ________________________________

I HAVE READ, EXPLAINED AND REINFORCED THESE RULES TO MY CHILD. I UNDERSTAND THAT IT IS MY CHILD’S RESPONSIBILITY TO OBEY THESE RULES FOR HIS/HER OWN SAFETY AND FOR THE SAFETY OF THE GROUP. FURTHERMORE, I UNDERSTAND IF MY CHILD CAUSES PROBLEMS ON THE RETREAT, HE/SHE WILL LOSE FREE TIME PRIVILEGES OR BE SENT HOME AT MY EXPENSE.

Parent’s Signature: ________________________________
GETTING TO KNOW YOU...

Student Name

Student Cell Phone #

Student E-Mail Address

Junior High/Middle School Grade (Next Year: Fall 2014)

List two friends with whom you want to room at Beach Retreat 2014:
1. ___________________  and  2. ___________________

Rooming assignments are made by the JHigh Staff. We will do our best to put you with ONE friend you have listed above but THERE ARE NO GUARANTEES.

List the name and relation of all family members with whom you presently live.

Answer these on the scale below with “1” being Terrible and “10” being Awesome:

My relationship with my family is...

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How I would rate this past school year.

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I feel liked and accepted by others.

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My friends encourage me in my faith.

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I know that God loves me.

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Who is the person who has impacted your life the most and how?

What is the greatest thing that has ever happened to you?

The thing that scares me the most right now is....

The time I felt the closest to God was....

Choose one of the following:

☐ I don’t have a relationship with God.
☐ I am moving away from God.
☐ I am stuck in the middle (not moving towards or away) in my relationship with God.
☐ I am growing slowly in my relationship with God.
☐ I am passionate in my relationship with God.

If you were to die today and you stood before God and He asked you, “Why should I let you into Heaven?”, what would you say to Him?
JUNIOR HIGH BEACH RETREAT 2014 RELEASE, WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

Please Print Legibly

Child’s Full Name: __________________________________________ (“Child”)

Street Address: ____________________________________________ Date of Birth: _____ / _____ / ______

City, State, Zip: ____________________________________________ Sex (circle one): M   F

Home Phone Number: _______________________________________

Height: ___________ Weight: ______________

Mother/Guardian’s Name: ____________________________________

Street Address: ____________________________________________ Home Phone: _______________________

City, State, Zip: ____________________________________________ Work Phone: _______________________

Place of Employment: ________________________________________ Cell Phone: _______________________

Father/Guardian’s Name: ____________________________________

Street Address: ____________________________________________ Home Phone: _______________________

City, State, Zip: ____________________________________________ Work Phone: _______________________

Place of Employment: ________________________________________ Cell Phone: _______________________

SECOND BAPTIST CHURCH DOES NOT LIMIT ACCESS OF A NON-CUSTODIAL PARENT TO A CHILD WITHOUT A SIGNED COURT ORDER.

Emergency Contact (IMPORTANT—Indicate two persons other than parents or guardians):

Name: _____________________________________________________ Relationship to Child: _____________

Home Phone: ____________________ Work Phone: ______________ Cell: ________________

Name: _____________________________________________________ Relationship to Child: _____________

Home Phone: ____________________ Work Phone: ______________ Cell: ________________

Medical Information

A COPY (FRONT AND BACK) OF THE CHILD’S HEALTH INSURANCE CARD MUST ACCOMPANY THIS FORM

Allergies:

Medications: ______________________________________________

Foods: ____________________________________________________

Other (insects, latex, iodine, etc.): ____________________________

Physical concerns, limitations or disabilities: __________________

Past Medical History: _______________________________________

Chronic Illness (asthma, diabetes, etc.): _________________________

Recent injury, illnesses or medical condition: ____________________
Current medications: (including but not limited to prescriptions, over-the-counter medications, herbals, alternative medicine):

____________________________________________________________________________________________________________________________________________________

Insurance Company: ___________________________ Policy/Group No.: ___________________________

Verification Phone #: ___________________________ Date of Birth of Insured: ____ / ____ / ____

Name of Insured: ___________________________

Physician’s Name: ___________________________

Physician’s Address: ___________________________ Phone Number: ___________________________

Hospital preference: ___________________________ (Please see medical release below. If an emergency arises, Second Baptist Church will use its best judgment in selecting a health-care provider and/or facility.)

Are the Child’s immunizations (including tetanus) current? □ Yes □ No

During the past 12 months, was the Child hospitalized? □ Yes □ No
  have any injuries requiring medical attention? □ Yes □ No
  have illnesses lasting more than one week? □ Yes □ No

If you answered “Yes” to any of the above, please explain: __________________________________________

__________________________________________________________________________________________

Has the Child ever had a concussion, head injury, or been knocked unconscious? □ Yes □ No
  had a heart-related illness? □ Yes □ No
  had a convulsion or seizure? □ Yes □ No

If you answered “Yes” to any of the above, please explain: __________________________________________

__________________________________________________________________________________________

Does the Child wear any removable dental appliance (i.e. bridge, retainer)? □ Yes □ No

Is there anything else we need to know regarding the physical, emotional, mental, spiritual health of the Child? If so, please describe in detail:

__________________________________________________________________________________________

__________________________________________________________________________________________

A COPY (FRONT AND BACK) OF THE CHILD’S HEALTH INSURANCE CARD MUST ACCOMPANY THIS FORM
RELEASE, WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT

IN CONSIDERATION FOR ALLOWING THE ABOVE-NAMED CHILD TO PARTICIPATE IN ACTIVITIES AFFILIATED WITH SECOND BAPTIST CHURCH, I/WE DO HEREBY, ON BEHALF OF OURSELVES AND ON BEHALF OF THE ABOVE-NAMED CHILD, RELEASE SECOND BAPTIST CHURCH, ITS STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS, AND ASSIGNS; SECOND BAPTIST SCHOOL, ITS STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS, AND ASSIGNS; AND SECOND BAPTIST SCHOOL FOUNDATION, ITS STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS, AND ASSIGNS (ALL OF THE FOREGOING RELEASED PARTIES ARE COLLECTIVELY REFERRED TO AS “SECOND BAPTIST CHURCH”) FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATSOEVER NATURE, BOTH INDIVIDUALLY AND COLLECTIVELY, THAT MAY ARISE FROM MY CHILD’S PARTICIPATION IN ANY ACTIVITIES AFFILIATED WITH SECOND BAPTIST CHURCH, WHETHER OR NOT SUCH ACTIVITIES OCCUR ON THE PROPERTY OF SECOND BAPTIST CHURCH AND WHETHER OR NOT SUCH CLAIMS OR LIABILITIES ARISE OUT OF THE NEGLIGENCE OR OTHER CONDUCT OF SECOND BAPTIST CHURCH. I/WE RECOGNIZE, UNDERSTAND, AND ACKNOWLEDGE THAT THE ACTIVITIES IN WHICH THE CHILD WILL OR MAY PARTICIPATE INVOLVE RISKS, INCLUDING BODILY INJURY OR EVEN DEATH, BUT I/WE ARE NEVERTHELESS VOLUNTARILY AND KNOWINGLY CONSENTING TO THE CHILD’S PARTICIPATION IN THOSE ACTIVITIES AND ARE FULLY RELEASING SECOND BAPTIST CHURCH FROM ANY AND ALL CLAIMS FOR SUCH INJURY OR DEATH.

I/We further agree that Second Baptist Church representatives have the authority to authorize or provide such emergency medical, dental, surgical care or treatment and are authorized to make all medical, dental or surgical care decisions as may be necessary in their judgment for my Child during his/her participation in any activities affiliated with Second Baptist Church, including but not limited to a trip to JUNIOR HIGH BEACH RETREAT at Biloxi, Mississippi from on or about JUNE 15-20, 2014. I/We understand that I/We will be financially responsible for any costs incurred in the emergency treatment and/or transportation of my Child.

I understand that the above-named Child may be treated by a volunteer health care provider and that the volunteer health care provider is not administering care for or in expectation of compensation. I also understand and agree that the volunteer health care provider is immune from civil liability for any act or omission resulting in death, damage, or injury as long as the volunteer health care provider acts in good faith and in the scope of his or her duties in providing the health care services.

WE, THE PARENTS/GUARDIANS OF THE ABOVE-NAMED CHILD, DO HEREBY GIVE OVER AND RELEASE UNTO THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, AND/OR VOLUNTEERS OF SECOND BAPTIST CHURCH ALL AUTHORITY AND RESPONSIBILITY TO AUTHORIZE ANY AND ALL MEDICAL TREATMENT NECESSARY FOR THE PROTECTION OF THE HEALTH AND WELL-BEING OF MY AFOREMENTIONED CHILD. THIS AUTHORIZATION SHALL AUTHORIZE ANY AND ALL MEDICAL TREATMENT BY LICENSED MEDICAL PERSONNEL, PURSUANT TO THIS MY EXPRESS AUTHORIZATION, WHETHER WRITTEN OR ORAL, OF THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, AND/OR VOLUNTEERS OF SECOND BAPTIST CHURCH. THIS AUTHORIZATION SHALL BE EFFECTIVE UNTIL IT IS EXPRESSLY REVOKED.
I hereby grant permission for the staff, leadership, employees, agents, representatives, chaperones, and/or volunteers of Second Baptist Church to administer over-the-counter medications, including but not limited to: Tylenol, Advil, Tums, Benadryl, Anti-Itch Cream, Triple Antibiotic Cream, Benadryl Cream, Cough Drops, Throat Spray or Lozenges.

I/We further understand that my Child will be using the facilities of Second Baptist Church and/or facilities owned and operated by third parties. I further understand that my Child may be transported in equipment owned, leased, or rented by Second Baptist Church, and that third parties may operate such equipment. I/We understand that we, by signing this document, release Second Baptist Church from all claims and liability whatsoever. I/We further understand that I/We are financially responsible for any damage to public or private property caused in whole or in part by my Child.

Second Baptist Church has my permission to use, without any compensation, any photographs, videos, recordings or other media for the purposes of brochures, videos, advertising, website, or other promotional items, and waive any right of ownership to such media or other claim I/we may have to receive any royalty or other compensation for such use. I/We further understand that these photos/videos will be used for Second Baptist Church promotional purposes only.

I/We acknowledge that I/we have read and understand all aspects of this agreement and, by our signature, indicate agreement with the terms set forth in this document. We agree that copies, scans or faxes of our signature are accepted as binding. I/We acknowledge that this Release, Waiver and Authorization for Medical Treatment is effective until I/We submit a new or updated Release, Waiver and Authorization for Medical Treatment and I/We agree to provide updated information as necessary.

We have had the opportunity to speak with legal counsel regarding this document and, in consideration for our Child’s participation, understand that we are giving up any and all claims against Second Baptist Church.

Parent/Guardian Signature(s): __________________________________________

Date(s): __________________________________________