HIGH SCHOOL BEACH RETREAT 2015
PARENT INFORMATION - WEST CAMPUS

Parent Meetings
Parents are required to attend one of the following Beach Retreat parent meeting.

Wednesday, May 27 in Worship Center – 6pm
(check-in North Lobby –1-10 side)

Or

Sunday, May 31 at 12:30 pm in the Worship Center
(check-in North Lobby –1-10 side)
(This meeting includes information for the High School and Jhigh Beach Retreat)

Bus Information: Drop off your student at the West Campus Southeast Parking lot on the Kingsland side on Sunday, June 14th at 8:00 am. We will go as a group to the Worship Service and then load the buses.

- Your student will need to bring a sack lunch for the bus ride on Sunday, water will be provided. We will also provide dinner on the bus trip.

- We will be staying on the beach at Portofino Resort in Pensacola Beach, FL. 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.

- Return Information: We will return on Friday, June 19 at approximately 8:00 pm. Buses will unload at the West Campus in the Southeast parking lot on the Kingsland side where you dropped your student off.

Condos: 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.

What to pack/not to pack: Students will need to pack the following items in ONE MEDIUM sized suitcase: PLEASE PUT YOUR NAME ON ALL OF YOUR BELONGINGS.

- Bible & Pen
- Two Beach towels and swimsuit (No two-piece swimsuits allowed)
- Tennis shoes and Flip Flops
- Casual clothes (shorts/T-shirts, etc. We will not dress up for anything.)
- Toiletries
- Sunscreen SPF 20 or higher
- Spending money for Starbucks, gift shop, snow cones and snacks on the beach throughout the day (suggested amount $100)
- Cell phones permitted with parent’s permission
- 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, other revealing clothing or cats.
- GIRLS: must wear one-piece swimsuits (no tankinis)

Emergency:

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

- 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

Contact information: Second Baptist Church
Student Ministry – West Campus
19449 Katy Freeway - Katy, TX 77094
Office # 713.365.2432
High School
Beach Retreat 2015 Registration Checklist:

_____ Copy of front and back of Insurance Card
    *if your student does NOT have insurance, please note on medical forms

_____ Photo of student in color

_____ Payment information

_____ Behavior contract signed by Parent and Student

_____ ALL medical forms complete

_____ SBC Liability waiver signed

_____ Student profile complete

_____ Portofino Waiver signed by Parent

Please make sure ALL forms are filled out and complete before turning in.
Second Baptist Church  High School Beach Retreat
June 14 – June 19, 2015

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
High School ________________________  Grade (Next Year: Fall 2015) _____
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
$700 – Early Bird Full Payment Special (full payment by 4/15/15)
________ Payment in full of $700 by 4/15/15
$750 – Regular Price (4/15/15 – 6/7/15)
________ $750
$800 – Late Registration (after 6/7/15)
________ $800

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 __________
WHAT IS EXPECTED OF EACH STUDENT

1. Obey Adult Leaders without question or hesitation. They are in charge of you for the week.

2. Wear your name tag at all times.

3. Your Leader must know where you are at all times. It is your responsibility to tell your Leader where you will be during free time.

4. Absolutely no one is allowed out of their condominium after the night’s curfew. The curfew is in effect until 15 minutes before morning Silent Sounds.

5. Students are not allowed onto the condominium balconies. In addition, absolutely nothing is to be dropped, thrown or hung from the condominium balconies or upper level areas.

6. Profanity or cursing is not allowed.

7. Do not associate with anyone who is not a part of our Beach Retreat group.

8. Swim only when and where lifeguards are on duty. The “Buddy System” is strictly enforced. Before entering the ocean, you must (1) have a buddy, (2) check in at the lifeguard station, and (3) give your name tag to a lifeguard.

9. Keep your condominium clean. No raids, rough play or pranks. You are financially responsible for any damage to any property, condominium or bus.

10. The condominiums have Quiet Hours beginning at 10:00 p.m. each evening. Please be courteous to other guests staying at the condominiums by observing this time.

11. Do not push, pull, or throw anyone into a pool.

12. You are to be on time for all activities.

13. Be positive. Cut downs, criticism, and negative comments are not allowed.

14. Wear appropriate, conservative clothing. The following are not allowed: short shorts, tight clothing, skimpy tank tops, tube tops, halter tops or other revealing clothing. Girls must wear one-piece swimsuits (no tankinis).

15. Be extremely cautious around traffic. Cross the street at crosswalk areas only.

16. Guys may not go into girls’ condos and girls may not go into guys’ condos unless your Adult Leader is present, and it is a planned and organized activity.

17. Never go anywhere by yourself.

18. You are not allowed to 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, you may not participate in any of the following: tattooing, haircuts, hair coloring, or ear/body piercing. Your Adult Leader will inspect your luggage when we arrive at the condominiums.

19. During your free time, you are not to be in any condo including your own, for more than 10 minutes, unless your Adult Leader is present.

20. Any student who sets off a fire alarm as a prank will be turned over to the police department. Upon release, the student will be sent home immediately.

STUDENTS WHO CAUSE PROBLEMS ON THE RETREAT WILL LOSE FREE TIME PRIVILEGES OR BE SENT HOME AT PARENTS’ EXPENSE.

Student’s Signature____________________________________

Parent’s Signature_______________________________________
You're Important To Us!

Student Name ____________________________
Student Cell Phone # ____________________________
Student E-Mail Address ____________________________
High School ___________ Grade (Next Year: Fall 2015) ______

List two friends with whom you want to room at Beach Retreat 2015:
1. ____________________________ and 2. ____________________________

1. What are some of your hobbies or talents?

2. What would you say is your most attractive quality and your least attractive quality?

3. On a scale of 1 to 10 (one being absolutely lousy and 10 being unbelievably incredible), how would you rate your life right now? Why?

4. In 20 words or less describe your relationship with God right now.

5. When God looks at you what do you think He sees?

6. Finish this sentence, “The thing that people most misunderstand about me…”

7. The best and worst things about your parents are…

8. What does it mean to be “a Christian”?

9. Who has helped you the most in your relationship with God?

10. Have you ever trusted in Jesus Christ to be your Savior? When was that?

11. Is your family involved in church? Do they support you being involved?

12. Have you ever been baptized? When and where?

13. Is there anything you are struggling with right now that you would like to talk with someone about this week?

Attach Recent Photo

Your Beach Retreat application is not complete unless a picture is attached.
HIGH SCHOOL BEACH RETREAT 2015 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 DO HEREBY, 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; 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 THE 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 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 am 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 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 the child during his/her participation in any activities affiliated with Second Baptist Church, including but not limited to a trip to HIGH SCHOOL BEACH RETREAT at Pensacola Beach, Florida from on or about JUNE 14-19, 2015. I understand that I will be financially responsible for any costs incurred in the emergency treatment and/or transportation of the 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.

I, THE PARENT/GUARDIAN OF THE ABOVE-NAMED CHILD, DO HEREBY GIVE OVER AND RELEASE UNTO THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS AND/OR ASSIGNS 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 THE 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, VOLUNTEERS AND/OR ASSIGNS OF SECOND BAPTIST CHURCH.

THIS AUTHORIZATION SHALL BE EFFECTIVE UNTIL IT IS EXPRESSLY REVOKED.

TURN PAGE OVER FOR REMAINDER OF DOCUMENT—SIGNATURE REQUIRED
RELEASE, WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT—CONTINUED

I hereby grant permission for the staff, leadership, employees, agents, representatives, chaperones, volunteers and/or assigns 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 further understand that the Child will be using the facilities of Second Baptist Church and/or facilities owned and operated by third parties. I further understand that the Child may be transported in vehicles or equipment owned, leased, or rented by Second Baptist Church, and that Second Baptist Church and/or third parties may operate such vehicles or equipment. I understand that I, by signing this document, release Second Baptist Church from all claims and liability whatsoever. I further understand that I am financially responsible for any damage to public or private property caused in whole or in part by the 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 the Child or I may have to receive any royalty or other compensation for such use. I further understand that these photos/videos will be used for Second Baptist Church promotional purposes only.

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

I have had the opportunity to speak with legal counsel regarding this Waiver, Release and Medical Authorization. I represent that I am authorized to act on behalf of all parents and guardians of the Student. As consideration for allowing the Student to participate in HIGH SCHOOL BEACH RETREAT 2015, on behalf of all parents and guardians of the Student and on behalf of the student, I give up any and all claims against Second Baptist Church arising from the Student’s participation in HIGH BEACH RETREAT 2015.

Parent/Guardian Signature(s): ____________________________

Date(s): ____________________________
I hereby WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION FOR PERSONAL INJURY, ILLNESS, SICKNESS, PAIN, SUFFERING, DEATH AND OTHER FORMS OF ECONOMIC AND NON-ECONOMIC DAMAGES AND LOSSES that I have experienced and/or might experience in the future (whether known, unknown, anticipated, unanticipated) as a result of my riding in, riding on, operating, utilizing and/or in any manner arising out of my use of or participation in or performing any activities that involve property ("The Property") that is owned by, licensed by, rented by, leased by, and/or otherwise made available to me by Adventures ABOUND at Portofino Island, LLC and Adventures on Portofino One, LLC, including but not limited to the boats, bicycles, golf carts, bus tours, swimming equipment, water park equipment, kayaks, Euro Bungy trampoline, surf boards, paddle boards, boogie boards, sailing equipment, scooters, trikes, wave runners, and/or pontoon boats.

THIS WAIVER, RELEASE AND DISCHARGE APPLIES EVEN THOUGH MY CLAIMS, DEMANDS, AND CAUSES OF ACTION ARISE OUT OF NEGLIGENCE, GROSS NEGLIGENCE, RECKLESSNESS, WANTONNESS, AND/OR OTHER FORMS OF ACTION OR INACTION on the part of the owners, lessors, operators, users, captains, mates and/or marketers of "The Property" and/or on the part of the employees, volunteers, agents, officers, directors, principals, members, shareholders, parent companies, subsidiaries and divisions.

I acknowledge and understand that there are significant elements of risk in the activities I wish to participate and that serious injuries, illness and/or death occasionally occur to passengers, operators, spectators and users of "The Property." Nevertheless, I AGREE TO ASSUME ALL RISKS (WHETHER KNOWN, UNKNOWN, ANTICIPATED OR UNANTICIPATED) AND TO RELEASE Adventures ABOUND at Portofino Island, LLC and Adventures on Portofino One, LLC and the owners, lessors, operators, captains, mates and marketers of "The Property" and any of the employers, employees, volunteers, agents, principals, officers, directors, members, shareholders, parent companies, subsidiaries, divisions, successors and assigns of these owners, lessors, operators, users, captains, mates and/or marketers; who, through negligence, gross negligence, reckless conduct, wanton conduct and/or other actions or inactions might otherwise be liable to me.

I verify that I am physically fit, not under the influence of alcohol or drugs, and sufficiently qualified, trained and capable to participate in the activities. While participating in and/or engaging in water activities, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket). While riding bicycles, if of the age of 15 years or younger, I agree to wear protective headwear (helmet). Renters of all ages riding scooters or trikes, I agree to wear protective headwear (helmet) at all times. While on the Sailboat Cove Excursion I agree not to swim near the Portofino I, other than when boarding or unloading.

It is understood and agreed that this waiver, release, and discharge is binding on me, my heirs, executors, administrators, legal representatives, assigns and next of kin.

This Agreement, Waiver, Release and Discharge is to be governed by Florida state law. It is understood and agreed that this Agreement, Waiver, Release and Discharge is INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED PURSUANT TO FLORIDA STATE LAW, and that if any portion of this Waiver, Release and Discharge is ruled invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect the validity, legality and enforceability of any other provision hereof.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM EXPRESSING MY INTENTION TO WAIVE VALUABLE LEGAL RIGHTS THAT I NOW POSSESS OR MIGHT POSSESS IN THE FUTURE. I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT, RELEASE, WAIVER and DISCHARGE OF LIABILITY, and further agree that no oral representations, statements or inducements apart from this written agreement have been made.

I understand that there are no refunds due to inclement weather.

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<th>PARTICIPANT SIGNATURE</th>
<th>PARTICIPANT PRINTED NAME</th>
<th>DATE</th>
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If participant is a minor:

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<tr>
<th>GUARDIAN SIGNATURE</th>
<th>GUARDIAN PRINTED NAME</th>
<th>DATE</th>
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On behalf of guardian individually, and on behalf of participating minors.

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<tr>
<th>PARTICIPATING MINORS: (PRINTED NAMES)</th>
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