

SDBC SALT SPRING TRIP 2018

Preteen Registration Form

The following is the registration form for the South Delta Baptist Church 2018 outreach trip to Salt Spring Island. The preteen portion of the trip departs on **July 3rd, 2018** and returns **July 5th, 2018**. It involves three days of community service, youth activities, and outreach. The base cost for the trip is **\$70.00**. Additional costs include spending money for snacks and trips to town (approx. \$20 recommended).

To register, fill out the attached release form (ALL SECTIONS MUST BE FILLED OUT FOR FORM TO BE CONSIDERED COMPLETE), have a parent or guardian sign it and include a **\$25.00** non-refundable deposit (cheques should be made out to South Delta Baptist Church).

Return the completed release form with deposit to Kyle McDonald or hand it in to the church office during office hours (9AM to 4:00PM, Monday to Thursday). The final payment deadline is Thursday, June 14th, 2018. After this date, registrations may no longer be accepted due to organizational challenges.

We will be having a team meeting for preparation on **Thursday, June 14th** from **7-8:30PM** in the Chapel. You are **required** to make this team meeting. Parents are welcome to attend, but are not required to make the team meeting.

If you have any questions about the trip please contact Kyle McDonald @ 604.943.8244 or email kmcdonald@southdelta.org.

We look forward to having you be a part of our Salt Spring 2018 team!

Event: Preteen Salt Spring 2018

Date: July 3rd - July 5th, 2018

Medical Information

Name: _____ Age: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ P/Code: _____

In Emergency Notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

BC Medical Number: _____

Health History:

☐ Allergies

☐ Insect Stings

☐ Heart Condition

☐ Frequent Colds

☐ Hay Fever

☐ Asthma

☐ Epilepsy

☐ Nervous Disorder

☐ Frequent Stomach Upset

☐ Other _____

**If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions).*

*Date of last tetanus shot: _____

*Name and dosage of any medications that must be taken: _____

*Any swimming restrictions? ☐ Yes ☐ No Any activity restrictions? ☐ Yes ☐ No

What restrictions? _____

T-Shirt Size (S-XXL): _____ Parent(s) E-mail for Trip Updates: _____

Authorization to Treat a Minor

In the event I cannot be reached in an emergency, I (we) the undersigned parents or legal guardian, of _____, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Liability Release

Our programs and activities have been designed with your child's safety in mind. However, no activity is without the possibly of unforeseen hazards. Certain activities, such as gym-related sports, skate boarding, team competition, bus trips and other related church activities, have the inherent possibility for risk, therefore, we want to alert parents, guardians and individuals to them. By signing this form, the parents, guardian, or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold South Delta Baptist Church and/or its owners, volunteers, members, agents, or employees liable for damages, loss injuries, (including death) to the person(s) or property undersigned. Further, they agree to defend, indemnify and save harmless South Delta Baptist Church from any claim, demand, action, suit, or proceeding. The parents or guardians understand that they are signing for the minor(s) listed on this form and that the signature is for both a medical and liability release.

Parent or Guardian Signature: _____ Date: _____

(Your own signature if you are 19 or over)