

SDBC SALT SPRING TRIP 2019

Registration Form

The following is the registration form for the South Delta Baptist Church 2019 outreach trip to Salt Spring Island. The trip departs on **June 29th, 2019** and returns **July 6th, 2019**. It involves eight days of community service, youth activities, and outreach. The base cost for the trip is **\$220.00**. Additional costs include spending money for snacks and trips to town (approx. \$30 recommended). Because Salt Spring is close to Delta, it is possible to come for a smaller portion of the trip. However, you are required to either arrive or leave on our two "Ferry Days," either Tuesday, July 2nd or Thursday, July 4th. We will not be able to accommodate pick-up or drop-off on any other days. Also, because of organizational and team dynamics, you must have a *valid reason* (as determined by the youth staff) for not staying for the whole time, which needs to be confirmed prior to attending the trip.

To register, fill out the attached release form (***all sections** must be filled out for the form to be considered complete*), have a parent or guardian sign it (unless you will be 19 or older as of June 13th, 2019), 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 4PM, Monday to Thursday). The early registration deadline is **Sunday, May 5th, 2019**. After this deadline, the base cost of the trip **increases** to **\$250.00**. The final registration deadline is Sunday, June 9th, 2019. 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 13th** 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.

Tax receipts will be issued for all payments to the cost of the trip that are not earned through fundraising (including the deposit).

Once you have registered, begin praying for the trip. You can also begin fundraising right away by selling grocery store gift certificates. These are an excellent ways to raise money to go toward the cost of the trip. Many past team members have raised the entire cost of the trip though selling our grocery store gift certificates. If you would like more information about the trip or grocery store gift certificates, contact Kyle McDonald @ 604.943.8244 or email kmcdonald@southdelta.org.

We look forward to having you be a part of our Salt Spring 2019 team!

Event: Salt Spring 2019 **Date:** June 29th - July 6th, 2019

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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Disorder |
| <input type="checkbox"/> Frequent Stomach Upset | <input type="checkbox"/> 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)