



REVOLVE

February 8-10, 2019

Camp Anderson, Old Town, FL

6-12th Grades

Before January 15 - \$109 | January 15-30 - \$130

**Includes accommodations, meals, games, activities,
and transportation. Registration closes January 30.**

PRIORITY FOR WEEKEND ACTIVITIES

There is a choice of activities for Saturday and Sunday. There is a limited number for these activities, so please check with your son/daughter what activities they want to do and then put them in order of preference with 1 being first choice. There will not be an opportunity to change activities so please make sure they choose wisely. It will be first come first serve.

_____ Kayaking to a fresh water spring where you swim and then
Kayak back

Kayaking includes a paddling trip through a nearby beautiful, clear spring and into the Suwannee River back to Camp Anderson.

_____ Riverboat trip to a fresh water spring where you can swim

Riverboat includes a boat ride down to a nearby clear, beautiful spring where you can swim and snorkel.

_____ Archery and Marksmanship - you get to try both of these

In Archery & Marksmanship you'll learn how to shoot a compound bow and arrows, learn to throw hatchets, crack a bull whip, shoot pellet guns, and more!

_____ Paintball

Paintball is EPIC fun and includes several games of team tournament play on our camp paintball course.

_____ Cupcakes

In Cupcakes you'll bake cupcakes and learn different decorating styles. Plus, you get to eat all the goodies when you're done!

_____ Painting

Learn some new painting techniques and paint your very own canvas that you can take home!



Bay Life
STUDENT MINISTRY

REVOLVE REGISTRATION FORM & MEDICAL RELEASE FORM

Student Name: _____ Grade: _____

Address: _____

City: _____ Florida Zip: _____

Student Cell: _____ Date of birth: ___ / ___ / ___

Shirt Size: YM YL XS S M L XL 2XL Other: _____

Parents' Names: _____

Parents' Cell Phones: (____) _____ (____) _____

Parent email address _____

One person you would like to room with? _____

Emergency Contacts: (other than parents)

1. Name _____ Best Number: _____

2. Name _____ Best Number: _____

Insurance Information:

Hospital/Health Insurance Co. _____

Group/Policy #: _____

***Copy of insurance card and prescription drug card (if different) should be attached**

Physicians Name: _____ Ph.# _____

Are all shots up to date? Y / N / Last Tetanus date: _____

Does your child swim? Y / N

Medical Information:

Circle any of the following that have ever been present:

- | | | | |
|--------------|------------|-----------------|----------------|
| Epilepsy | Diphtheria | Convulsions | Sinusitis |
| Heart Murmur | Anemia | Diabetes | Bronchitis |
| Polio | Asthma | Rheumatic Fever | Kidney Trouble |

Other: _____

Any current medications your child is taking (list OTC and prescription) _____

Is your child allergic to any medication? If yes, explain reaction: _____

Name all other allergies: _____

****If your child is in need of a special diet while at Revolve/Camp/Mission trip, please see Sharon to make arrangements at least ONE MONTH before event date.****

May we dispense manufacturer recommended doses of the following OTC medications to your child on this trip?

- | | | | |
|--------------------------------|--|----------------|-------------------------------|
| Benadryl Y / N | PeptoBismol/Mylanta Y/ N | Caladryl Y / N | Acetaminophen - Tylenol Y / N |
| Ibuprofen - Motrin/Advil Y / N | Triple Antibiotic Ointment. Y/ N (Neomycin/Polymyxin/Bacitracin) | | |

BAY LIFE CHURCH STUDENT MINISTRY
PARENTAL AUTHORIZATION, LIABILITY WAIVER & COVENANT TO HOLD HARMLESS
for Bay Life Sponsored Events for year beginning January 1, 2019

In consideration for permitting our (my) child to enroll and participate in the event and activities provided and conducted by Bay Life Church, I (we) being 18 years or older, do for ourselves (myself) and for and on behalf of our child

_____ agree and promise as follows:
(child's name)

Authorization

We are (I am) the parent(s) or legal guardian(s) of the participant(s) listed above and grant our (my) permission for him/her to participate fully in Bay Life Church activities and events.

We (I) authorize Bay Life staff, volunteers, and leaders to take my child to a doctor or hospital. We (I) also authorize medical treatment, including, but not limited to emergency treatment or surgery and we (I) assume responsibility for all medical bills.

We (I) also authorize the Church to furnish any necessary transportation, food and lodging for my (our) child.

We (I) understand that our (my) child may be photographed or videotaped during normal student activities and that these photos and videos may be used in promotional materials published by Bay Life Church.

Liability Waiver, Covenant to Hold Harmless & Indemnify

We (I), on behalf of our (my) child assume all risk and promise to release, forever discharge and hold harmless Student Ministry, Bay Life Church, its directors, staff and volunteer leaders from any and all liability for personal injury, sickness, death, and damage to personal or public property which might result from our (my) child's participation in any and all church activities, including being transported in church, chartered, and chaperone vehicles to and from the event destination(s). This covenant to hold harmless extends to my (our) child's participation in any and all church events and activities.

We (I) also agree to indemnify and hold harmless Bay Life Church, its directors, employees and agents for any liability incurred or property damage/ loss sustained by the Church as the result of the negligent, willful or intentional conduct of my (our) child, including expenses attendant thereto.

We (I) understand that my child are responsible for treating all others' property with respect and we (I) assume responsibility for any and all costs incurred to repair or replace property damaged by my child. Should it be necessary, for medical or disciplinary reasons, to bring my child home before the event ends, we (I) assume responsibility for any and all additional transportation costs.

We (I) hereby certify that we (I) have read and clearly understand these terms and that this authorization/waiver/covenant is being executed voluntarily. I understand that this authorization/waiver/covenant is valid until revoked by the person who signed it. It is the parent/guardians responsibility to inform the church immediately of any changes in the information presented.

At least one parent/legal guardian must sign below in the presence of a notary.

Father (print): _____ Mother (print): _____
Signature: _____ Signature: _____

State of Florida, Hillsborough County

I hereby certify that _____ who is well known to me, or presented ID of _____, appeared before me and acknowledged and executed this document this _____ day of _____, 20____.

Notary Public

My commission expires