

Subligna Baptist Church Summer 2024 Staycation Registration

I hereby give my child/children		
permission to participate in Subligna Bag members, and volunteers are not respor any aspect of the event, including transp location where we go. I understand if ar held responsible for the bills.	nsible for any injury or accident which ortation or mechanical issues with an	may occur during attraction or
Event Date: July 13, & 14th		
Transportation: Church Van Rental (tent	ative)	
Chaperones: Church members, Youth Di	rectors, Parents and Grandparent weld	come.
Trip Information: See Attached.		
T-Shirt Size:		
Print Parent/Guardian Name	Print Student Name	Date
Parent/Guardian Signature Date	 Student Signature	 Date

Please visit Subligna.com/youth to sign the waiver for Helen Tubing and Water Park



July 13 & 14th Staycation Event Information

For more information about the even visit: www.subligna.com/youth

Deadline to Register: Sunday, July 7th

Cost: \$55 per person

Deposit: \$55 due with registration

Balance: Due July 7th

Fee includes transportation, dining in Helen, Tubing, and T-Shirt. If students would like to shop while in Helen please have them bring their own money. Open dates at Helen Tubing and Waterpark are subject to change, weather permitting. Tubing times may change without notice, refunds protection provided by Protect Group or will be applied to a future event.

Deposits and portions of the registration fee are non-refundable.

Rules: See Attached

Contact Information: James Larsen 706-346-7657 Aimee Larsen 423-827-2252

In the even a student cannot follow rule, student may not be able to attend future events. By agreeing to and signing the attached registration, you are agreeing to this term.

Subligna Baptist Church Youth Staycation Student Rules and Regulations

By signing the registration form you and your child agree to the below rules and regulations. They are each put in place for the safety of all students and to enhance the experience.

Because I (we) understand that the purpose of this youth activity/trip is to serve God and others, I commit myself (my child) to the following:

I fully agree and commit while on this activity/trip:

- 1. To behave always in a way that brings honor to Christ, the church, and my family. (Phil 1:27)
- 2. To follow instructions from adult supervisors without complaining or arguing. (Phil 2:14)
- 3. To be considerate of others and display appropriate manners at all times to all people. (1Pe. 2:13)
- 4. To adhere to the dress code.
- 5. To follow additional rules and instructions that may be specific to a certain trip or activity.
- 6. Not to possess, use or consume alcoholic beverage(s), any illegal substance(s), or tobacco in any form. If suspicion of any of these occurs, I (we) agree for an adult supervisor to search me personally, my room, my luggage and/or my personal belongings.

Cellphones and electronic devices are not permitted during the event and group activities. If a cellphone is taken up it will be given back at the discretion of the youth pastors. We encourage students to engage in healthy interactions and conversations with each other instead.

In order to support the purpose of this trip and to uphold the group goals, I (we) understand that the following consequences could result if I violate the above commitment:

- 1. I may be asked to go home, at parent's expense.
- 2. Parents agree to bear expense for child to go home

This commitment is intended for the greater good of the group as well as the individual and is intended to be exercised by all concerned in the spirit of Christ.

THIS FORM MOST BE SIGNED BY BOTH PARENT/GUARDIAN AND TEEN.		
Print Parent/Guardian Name	Print Student Name	Date
Parent/Guardian Signature Date	 Student Signature	 Date

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form Student Name: _____ Phone: Home: Cell: Home Email Address: City Address: State Zip Code Primary Emergency Contact Name: ___ First Relationship: _____ Phone: Home: ____ Cell: Work: Secondary Emergency Contact Name: ______ First Relationship: _____ Phone: Home: Cell: Work: Allergies/Medication: Preferred Local Hospital: **Insurance Information:** Company: _____ Policy #: ____ Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information: Signature: Date:



PACKING LIST: What to bring.

Attire:

- o Clothes or full coverage swimsuit that can get wet.
- o Comfortable walking shoes & water shoes that can get wet.
- o Beach towel/wet bag for clothing
- o Hat/Sunglasses for sun protection
- o Change of dry clothing.

Toiletries

o Sunscreen/Bug Spray

Other Supplies Daily

- o Pen/pencil/Journal
- o Bible
- Medication (turn into Aimee)
- o Snacks
- o Extra spending money

Do Not Bring

- o Fireworks/explosives
- o Drugs, vape material, tobacco, or any alcohol
- o Weapons of any kind
- o Inappropriate t-shirts (anything referring to sex, drugs, alcohol, etc.)
- o Negative attitude.