



CONVENTION (REGISTRATION FORM)

TRIP SCHEDULE (TENTATIVE)

PARENTS, PLEASE KEEP THIS SIDE FOR YOUR INFORMATION

THURSDAY // MARCH 1ST

4:00PM DEPART FROM LIFE CHURCH
6:00PM DINNER
11:00PM ARRIVE AT SLEEP INN
(25400 PERDIDO BEACH BLVD, ORANGE BEACH 36561)

FRIDAY // MARCH 2ND

8:00AM BREAKFAST AT SLEEP INN
9:00AM BEACH TIME
12:00PM LUNCH
1:00PM BEACH/POOL TIME
3:00PM GET READY
4:00PM LOAD VANS
5:00PM DINNER
6:00PM REGISTRATION AT THE WHARF EVENT CENTER
7:00PM DOORS OPEN
11:00PM LIGHTS OUT

SATURDAY // MARCH 3RD

8:00AM BREAKFAST AT SLEEP INN
9:00AM DEPART FOR THE WHARF EVENT CENTER
9:30AM DOORS OPEN
12:00PM LUNCH
1:30PM DOORS OPEN (CLOSING SERVICE)
3:30PM DEPART FOR LIFE CHURCH
5:30PM DINNER
10:00PM ARRIVE AT LIFE CHURCH

WHAT TO BRING

CLOTHING & TOILETRIES
BIBLE & JOURNAL
MONEY FOR FOOD
BREAKFAST IS INCLUDED AT HOTEL
THURSDAY DINNER
FRIDAY LUNCH & DINNER
SATURDAY LUNCH & DINNER

PAYMENT INFORMATION

INFO: THIS FORM IS TO BE COMPLETED BY PARTICIPANT'S PARENT/GUARDIAN

STUDENT: _____

TYPES OF PAYMENTS: YOU CAN PAY WITH CASH OR CHECK.

RATES: \$125 IF PAID BY JANUARY 31, 2018
\$140 IF PAID BY FEBRUARY 10, 2018

*** IF YOU NEED FINANCIAL ASSISTANCE YOU MUST TALK WITH PASTOR DAVE TO DISCUSS DETAILS.**

AGREEMENT: BY SIGNING THIS FORM, AS THE PARENT(S) OR LEGAL GUARDIAN OF (STUDENT'S NAME) _____, I HEARBY GRANT MY PERMISSION FOR MY SON OR DAUGHTER TO ATTEND THE ACTIVITIES SPONSORED BY THE R3 STUDENTS MINISTRIES AS PART OF LIFE CHURCH IN RAINBOW CITY, AL. I UNDERSTAND THESE ACTIVITIES WILL BE CHAPERONED BY AN ADULT SPONSOR OF THE R3 STUDENTS MINISTRIES AND I HEREBY ASSUME ALL RISKS INCIDENT TO MY CHILD'S INVOLVEMENT IN SAID ACTIVITIES AND DO HEARBY RELEASE AND GIVE UP ANY AND ALL CLAIMS FOR DAMAGES CAUSED IN ANY INJURY TO SAID CHILD WHATSOEVER AS A RESULT OF SAID CHILD'S ACTIVITIES IN CHURCH SPONSORED EVENTS. I AGREE TO HOLD LIFE CHURCH, IT'S STAFF, AND VOLUNTEERS, THEIR RESPECTIVE SUCCESSORS AND ASSIGNEES HARMLESS AND TO INDEMNIFY THEM FROM ALL DAMAGES AND EXPENSES INCURRED AS A RESULT OF SAID CHILD'S ACTIVITIES CONNECTED DIRECTLY OR INDIRECTLY WITH CHURCH SPONSORED ACTIVITIES.

I AUTHORIZE THE ADULT SONSOR OF LIFE CHURCH TO SEEK MEDICAL TREATMENT FOR SAID CHILD AND HEREBY AUTHORIZE MEDICAL TREATMENT, INCLUDING BY NOT LIMITED TO EMERGENCY SURGERY OR TREATMENT. I WILL ASSUME THE RESPONSIBILITY OF ALL MEDICAL EXPENSES, IF ANY INCUR.

I ALSO AUTHORIZE LIFE CHURCH AND THE R3 STUDENTS MINISTRIES THE USE OF VIDEO AND PHOTOGRAPHY OF MY CHILD FOR PROMOTIONAL USES.

THIS PERMISSION SHALL REMAIN IN EFFECT UNTIL JANUARY 1, 2019, UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

EFFECTIVE THIS _____ DAY OF _____,
(DATE) (MONTH) (YEAR)

PARENT/GUARDIAN NAME: (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE: _____

2ND NAME, IF NEEDED (PLEASE PRINT) _____

2ND SIGNATURE IF NEEDED: _____

PARTICIPANT INFORMATION (3/1 - 3/3, 2018)

INFO: THIS FORM IS TO BE COMPLETED BY PARTICIPANT'S PARENT/GUARDIAN

FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SEX: M / F AGE: _____ BIRTHDATE ____ / ____ / ____

PARENT/GUARDIAN NAME: _____

PHONE #: (____) _____ - _____ EMAIL: _____

MEDICAL RELEASE

HEART TROUBLE	Y / N	SINUS INFECTION	Y / N
LUNG TROUBLE	Y / N	DIABETES	Y / N
SKIN TROUBLE	Y / N	ASTHMA	Y / N
EAR TROUBLE	Y / N		
ALLERGIES	Y / N	(If yes, please list: _____)	

DATE OF LAST TETANUS SHOT: ____ / ____ / ____

CURRENT MEDICATION (S): _____

OTHER PERTINENT INFO: _____

MAY BE GIVEN (PLEASE CIRCLE): TYLENOL / IBUPROFEN / BENADRYL
MAY BE GIVEN OVER THE COUNTER, NON - PRESCRIPTION MEDICATIONS OR APPLICATIONS AND USED ONLY AS INSTRUCTED: Y / N

PHYSICIANS NAME: _____

PHONE #: (____) _____ - _____

HEALTH INSURANCE CARRIER: _____

POLICY #: _____

IN CASE OF EMERGENCY, CONTACT: _____

NAME: _____

PHONE #: (____) _____ - _____

SIGNIFICANT DISEASES, INJURY, OPERATION, OR IF THERE MAY BE ANYTHING ELSE THAT NEEDS TO BE KNOWN IN CASE OF EMERGENCY, PLEASE EXPLAIN BELOW:

FOR THE SAFETY OF YOUR CHILD AND OTHERS ON THIS TRIP, WE RESERVE THE RIGHT TO SEARCH ANY BAGS AND CONFISCATE ANY ITEMS THAT MAY BE HARMFUL OR DEEM INAPPROPRIATE FOR THE PURPOSE OF THIS TRIP.

PARENT/GUARDIAN NAME: (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE: _____