

TOGETHER: DNOW 2019

February 8-10

Cost \$30

Name _____ Student Cell Phone _____

Address _____ Parent Cell Phone _____

Grade _____ Gender _____ Parent Email _____

T-Shirt Size (adult only) _____ Church You Attend _____

Parents and students will receive a "WHAT TO BRING" letter approximately one week prior to the event.

CONTACT INFO

Jonathan Raffini	<i>FBC Big Spring</i>	(432) 270-8332	TJ Lipham	<i>Trinity Baptist</i>	(432) 816-5014
Tony Baccari	<i>FBC Coahoma</i>	(432) 210-3696	Cameron Crow	<i>College Baptist</i>	(832) 660-4338
Levi Smith	<i>Hillcrest Baptist</i>	(503) 440-5416	Beau Niewoehner	<i>FUMC Big Spring</i>	(432) 312-7923

RELEASE FORM

As parent or guardian, I give my child permission to attend DNOW 2019 hosted by First Baptist Church Big Spring, TX. Although I understand every effort will be made to ensure the safety of my child, I agree to not hold First Baptist Church Big Spring, College Baptist Church, Hillcrest Baptist Church, First Baptist Church Coahoma, Trinity Baptist Church, First United Methodist Church Big Spring or any other partnering churches/organizations responsible for any accident sustained while attending DNOW 2019. I also give permission for weekend staff to seek emergency medical care for my child should the need arise. Parents or guardians will be notified immediately upon seeking treatment. I also give my child permission to ride in church provided transportation, both church owned and private vehicles of church members and DNOW 2019 weekend staff. I also agree that DNOW 2019 churches listed above may use photographs taken during the weekend for promotional and other purposes.

PARENT NAME (PRINTED) _____

PARENT SIGNATURE _____

Students are **strongly** encouraged to attend the entire weekend, but in the event that a student needs to miss any part of the activities during the weekend, a parent **must** complete the box below.

DNOW TIME AWAY PERMISSION

STUDENT NAME _____ GRADE _____

HOME PHONE _____ CELL _____

REASON FOR LEAVING: _____

STUDENT WILL BE GONE: DAY _____ TIME: FROM _____ TO _____

PHONE WHERE STUDENT CAN BE REACHED WHILE GONE: _____

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

HOST FAMILY _____

LEADER _____

(OFFICE USE ONLY)

(For Office Use Only) Date Registration Submitted _____ Date Paid _____ Payment Type _____ Check _____ Amount _____