



At a very early age identical twins Clinton and Coty Walker, started singing in church. The brothers' often autobiographical & humorous writing style makes their music memorable & being twins, the dynamics they share on stage in their big

-harmony style of singing & their approach to entertaining a crowd makes their live performances unforgettable! Brothers Walker were on Team Usher on NBC's "The Voice"



Everyone gets a chance to jump and play at Cape's newest adventure park! You will be able to enjoy the wall-to-wall trampoline action while taking dives into the foam pit, playing a fun game of Dodgeball, testing your Slam Dunk



skills on one of the Basketball Courts, or bouncing around in the open jump area.

Our speaker this year, Robbie Robison speaks at youth events, camps, conferences, and churches of all sizes and styles.

He has a passion for student ministry and experience to back it up. His high-energy storytelling approach to preaching the gospel will engage and inspire all.



ROBBIE ROBISON

Disciple Now is a local weekend retreat with students from all over Cape County. Students stay with their friends in host homes of caring families from our church. Trusted small group leaders facilitate Bible study, prayer, relationship building and discussions in the host homes. The groups will travel to Crossroads Fellowship (CF) with 100s of other students for dynamic worship lead by Brothers Walker and challenging messages from Robbie Robison. Everyone also gets to try out the new Ultimate Air Trampoline Park! Bring your sleeping bag, pillow, Bible, comfy clothes, personal items and your favorite soda and snack to share!

Please return the registration form and \$40 by February 4th. This guarantees you get the t-shirt size you want and saves you money!
After Feb 4th the fee is \$55 and you might not get a t-shirt!

DNOW Schedule

February 4th—Turn in form and \$40

February 15th—Kick Off Rally & Concert
 6:30 pm at Crossroads Fellowship (Go home!)

February 16th-18th

Friday, 6:00 pm Arrive at Host Home (Locations will vary) Travel to CF for worship and return to Host Home.

Saturday, 9:00 am-11:00 pm Bible Study, Worship and trampoline park—return to host home.

Sunday, 10:00 am Worship at CF

12:00 pm Parent Pick up at CF

4400 E Jackson Blvd, Jackson, MO 63755

OUTCAST

finding our place in God's kingdom

Disciple Now

Feb 15-18, 2018



Disciple Now 2018 Registration Form

Please make check payable to CAPE BIBLE CHAPEL \$40 (by Feb 4th) \$55 (after Feb 4th)

Return form & payment to CAPE BIBLE CHAPEL,

Attn: DNow Registration, 2911 KAGE RD, CAPE GIRARDEAU, MO 63701

Fee includes food, t-shirt, all Bible study materials and concerts for the weekend.

(Fee is non-refundable after Feb 15th.)

You must be registered by Feb 4th to be guaranteed a t-shirt.

Student Name _____ Male/Female _____ Grade _____
Mailing Address _____ City _____ State _____ Zip _____
Student Cell _____ Age _____ T-Shirt Size: Adult **S** **M** **L** **XL** **XXL** (Circle one)
Parent Name _____ Parent Cell _____
Parent Name _____ Parent Cell _____

Please list two friends you would like to be paired with for the weekend :

1. _____ 2. _____

(We do our best to make sure you are with at both of these friends, but due to allergies and housing it is not always possible)

Health Insurance information: **Include a copy of the health insurance card**

Name of Company _____ Policy number _____

Group number _____ In whose name is the insurance? _____

Family doctor _____ Phone _____

Medical conditions we need to know: _____

Special dietary needs: _____

Allergies (including pets): _____

Present Medications _____

Wear contacts? Yes No Date of last tetanus _____ Height _____ Weight _____ DOB ____/____/____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of Cape Bible Chapel.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

For promotional and publicity purposes, I will allow my youth's picture to be taken and used. Names will not be used to identify persons in the pictures.

Parent signature _____ Date _____

Host home information, packing list, schedule, and other information will be included in a DNOW Packet mailed out prior to the event.

ALL PARTICIPANTS MUST PROVIDE THIS INFORMATION
EMERGENCY CONTACT

Participant's name _____ Phone _____

Address _____

Please list any special medical considerations _____

List any medications you are taking _____

In case of an emergency, please list a contact person and where they can be reached.

Name _____ Phone _____

Relationship to you _____

MUST BE COMPLETED FOR STUDENTS WHO WILL NOT ATTEND ALL DISCIPLINE NOW 2018 SESSIONS
TIME AWAY PERMISSION SLIP

Participant's name _____ Phone _____

Reason for being gone _____

I will be away: DAY _____ Time: From _____ am/pm To: _____ am/pm

Participant Signature _____ Parent/Guardian Signature _____

MUST BE COMPLETED FOR STUDENTS WHO BRING VEHICLES
CAR PERMISSION SLIP

Participant's name _____ Phone _____

Address _____

Reason for bringing car _____

I understand that the student may use this vehicle only to arrive at the host home on Friday, February 16 and when they leave on Sunday, February 18. Students who have a signed Time Away Permission Slip may use their car for the specific purpose noted on the Time Away Permission Slip.

Participant Signature

Parent/Guardian Signature

PARENTAL CONSENT

Child's full name: _____ Age: _____ Birth date: _____

Address: _____ Child's Cell Phone: _____

Parent(s) or Legal guardian(s) name: _____

Parent(s) Cell Phone(s): _____ Work Phone: _____

TO WHOM IT MAY CONCERN:

I/we consent to this child attending and participating with Cape Bible Chapel for the following event **DNow 2018** _____ on the dates of: **Friday, Feb. 16 - Sunday, Feb. 18** _____. I/we understand approved adults will accompany our/my child. I/we will hold Cape Bible Chapel in Cape Girardeau, Missouri and the accompanying adults neither responsible nor liable for any injuries sustained physically, mentally, or emotionally arising out of any situation encountered during this trip. I/we understand that every effort will be expended to provide adequate supervision and personal safety.

Signed: _____ Date: _____

MEDICAL RELEASE*

Family Physician: _____ Phone: _____

***Please attach a copy of current medical insurance card.**

Please list any allergies and past or current medical conditions:

List any current medications: _____

PERMISSION FOR TREATMENT:

I/we hereby give permission for this child to receive necessary medical treatment for any injury or condition that is incurred or develops during this time period by qualified medical personnel in my/our absence until such time as I/we can be contacted to grant personal consent.

Signed: _____ Date: _____

PHOTO RELEASE

I hereby grant permission to the agents, employees or representatives of Cape Bible Chapel of Cape Girardeau, MO (herein after "Cape Bible Chapel") to use my child's name and/or photographs for use in Cape Bible Chapel's publications such as brochures, newsletters, display boards, electronic versions of the same publications and on Cape Bible Chapel's website or other electronic forms of media. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I hereby agree to release, defend, and hold harmless Cape Bible Chapel and its subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am the parent or legal guardian of the above named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent/Guardian Signature: _____ Date: _____