

ECHO

W K N D



W N T R C A M P

GRADES
6TH-12TH

DECEMBER
7-9TH

LAKE AURORA
LAKE WALES, FL

MANDATORY PARENT MEETING - DECEMBER 5TH FOLLOWING SERVICE

REGISTRATION ENDS DECEMBER 5TH

YOUTH INFORMATION

Full Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____

Email: _____

Home Phone: _____ Cell Phone: _____

PARENT INFORMATION

Parent(s) Name: _____

Home Phone: _____ Cell Phone: _____

Parent(s) Email: _____

PAYMENT OPTIONS

****Save \$25 by registering before November 14th.**

Select a payment option _____ (See below)

OPTION A \$90	OPTION B \$90	OPTION C \$115	OPTION D \$115
1 PAYMENT \$90 Early Registration (Until Wed. Nov. 14th)	2 PAYMENTS \$45 (Oct. 31) \$45 (Nov. 14)	4 PAYMENTS \$29 (Oct. 31) \$29 (Nov. 7) \$29 (Nov. 14) \$28 (Nov. 21)	5 PAYMENTS \$23 (Oct. 31) \$23 (Nov. 7) \$23 (Nov. 14) \$23 (Nov. 21) \$23 (Nov. 28)

Cost includes registration, accommodations, meals, lodging and transportation

EMERGENCY CONTACT/MEDICAL INFORMATION

Name: _____

Home Phone: _____ Cell Phone: _____

Does student take any drugs or medications? Yes: No: If yes, explain: _____

Does student have any food or drug allergies? Yes: No: If yes, explain: _____

Do any activities need to be restricted? Yes: No: If yes, explain: _____

Does student suffer from, ever experienced or is currently taking medication for (*check all that apply*)?

Epilepsy/Seizure Disorder: Asthma: Diabetes: Heart Trouble:

ADDITIONAL INFORMATION

Select your t-shirt size below:

(Adult Shirt Sizes) S M L XL 2XL

Is there someone your student (*in same age group*) is requesting to have in their cabin?

Yes: No: If yes please specify here: _____

PAYMENT INFORMATION

Select Method of Payment: Cash Check Credit Card

   

Card Number

Expiration Date

The signature of a Parent/ Guardian is required for registrants under 18 years old. In the event medical treatment is required, I authorize BRIDGEWAY leaders to seek appropriate medical assistance, and for a medical doctor, or hospital to administer treatment if necessary. I assume the responsibility and cost for any such treatment. Please attempt to notify me immediately in the event of such an emergency. I hereby exempt BRIDGEWAY and its agents from any liability for any accidental injury to the registrant.

Parent/Guardian Signature: _____

Date: _____

THANK YOU FOR YOUR REGISTRATION!

MARK YOUR CALENDARS - MANDATORY PARENT MEETING - DECEMBER 5TH FOLLOWING SERVICE



STUDENT RELEASE FORM – Student Camp / December 7-9th



BRIDGEWAYCHURCH

Lake Aurora Christian Camp
237 Golden Bough Rd, Lake Wales, FL 33898

AUTHORIZATION FOR MEDICAL ATTENTION, CHURCH ACTIVITIES, WAIVER FOR LIABILITY, EMERGENCY MEDICAL TREATMENT FOR A MINOR CHILD OR CHILDREN

I, _____ residing at _____ am the _____
of _____ / _____ and _____
Guardians name PLEASE PRINT complete address (father/mother/legal guardian)
First child's full name age Second child's full name age Third child's full name age

In the event reasonable attempts to contact me at this emergency telephone number have been unsuccessful, I hereby give my consent to my Pastor or recognized/authorized Leader of BRIDGEWAY CHURCH to (1) obtain emergency treatment (such as X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care) to be rendered to said minor under the general or special supervision and upon the advise of a physician duly licensed under the jurisdiction of the location of the treatment, and (2) the transfer of the minor child to any hospital reasonably accessible to render such necessary care. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians concur in the necessity for such surgery, and that my child's health will be otherwise compromised. I agree to release BRIDGEWAY CHURCH from financial liability for such medical expense which may be incurred, in the event such is not covered under any medical payment portion of any liability insurance policy, which may be in effect in the event such action need be taken. I represent that either I have medical insurance or I intend to furnish payment at my own expense.

PERTINENT FACTS TO WHICH A PHYSICIAN SHOULD BE ALERTED: Allergies; medications taken; physical impairments (also please include the name of your Medical Insurance provider and Medical Insurance Subscriber #) Indicate if a sheet is attached _____

First child _____

Second child _____

Third child _____

PERMISSION FOR A MINOR TO PARTICIPATE IN THE FOLLOWING DESCRIBED ACTIVITIES:

PURPOSE OF ACTIVITY: BridgeSeven Students Winter Camp 2018
POSSIBLE "RISK" ACTIVITIES: Driving to Lake Aurora Christian Camp and returning to Bridgeway Church/Camp Activities
DESTINATION: 237 Golden Bough Rd, Lake Wales FL 33898
DATE LEAVING: December 7th, 2018
LEAVING FROM /TIME: Bridgeway Church, 30600 Wells Rd. Wesley Chapel, FL 33544 3:00 pm
DATE RETURNING December 9th, 2018
PICK UP AT/TIME: Bridgeway Church, Wesley Chapel, FL 33545 by 1:00 pm
SUPERVISOR: Micah Billingsley 630-730-6777
COST: \$115 all expenses covered (\$90 if paying early registration price)

WAIVER OF LIABILITY

I hereby affirm that I am the lawful guardian, and give my consent for the minor(s) named above to participate in the above described BRIDGEWAY CHURCH activity. I am a member (or friend) of BRIDGEWAY CHURCH, which is a religious corporation (a church). I will not hold said BRIDGEWAY CHURCH liable or responsible for any injury to my child beyond the limits of any insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing BRIDGEWAY CHURCH and any person officially connected with this event, from any and all liability for any and all injuries which my child may receive, and specifically release BRIDGEWAY CHURCH and its leaders personally from any and all liability, causes of actions, claims, damages and expenses of any nature on account of injury (except as above noted for medical payment) sustained to my child's person or property, even injury resulting in death, resulting from the ordinary negligence, fault or lack of ordinary or due care exercised by the said church or its agents.

A PHOTOCOPY OF THIS AUTHORIZATION FOR MEDICAL CARE SHALL BE AS VALID AS THE ORIGINAL, AND IN EFFECT UNTIL REVOKED IN WRITING.

This signed release form signifies my agreement to all of the above:

(DATE)

(SIGNATURE OF NAMED PARENT OR GUARDIAN)

(WITNESS #1)

NOTE : *If the center portion of this form is not completely filled out - **DO NOT SIGN IT!** BRIDGEWAY CHURCH requires a form for each minor be completed and signed by the minor's parent or legal guardian before the trip begins. No minor will be allowed to ride to or participate in the above described activity unless this form is completed and filed in the church office, with a copy in the hands of the driver. Thank you for your cooperation.*

ABSOLUTELY NO EXCEPTIONS MADE

What does ECHO Weekend (Camp) mean to us?

If we were to reduce this weekend into 5 simple components; it would read like this...

All of our planning and preparations are centered around students...

1. **Deliberately encountering God in a defining and personal way:** We have designed, prepared and scheduled everything with the express intent (current attendees and/or new to student ministry) to understand and see the Lord for themselves. We have a theme in which we express this message through biblical text (in services; group discussions, devotions, etc.). It is our desire to challenge each and every student to know Christ for themselves; understand His love and desire to be in relationship. We also want to spur those who have relationship with Him to deepen their connection with God into living a life that **echoes** biblical Godly character.
2. **Unplugging from normal life (school/home/friends):** Getting away for a retreat is important. We believe it sometimes takes a break from normal life to allow and position students to open themselves up to God and others.
3. **A chance to meet and make completely new friends:** The right relationships can enhance this journey we call life. We want to give our students this chance plus seeing their peers pursuing God for themselves inspires each and everyone to do the same.
4. **Competitions:** We begin the weekend with team spirit which holds and grows throughout the 48 hours. Students typically compete with other team mates in games; outdoor and inservice activities. There is acting, skits and elements planned to pull out the competitive nature which in turn breaks down walls for students of this age. Additionally competitions assist in making new friends and creating long lasting memories.
5. **Having Fun:** We planned a whole schedule around connecting, building and having fun. In today's technology driven world; we want to not focus on that, but on old school fun. This is one of our goals.

I hope this helps shed some light on the upcoming weekend. Please check out our social media sites on Instagram, Facebook and twitter. We'll be posting information; videos and other details leading up to camp. (@B7Students or /B7Students).

Camp Location: Lake Aurora in the Lake Wales, Central, FL.
(Roughly 90 mins away)

Camp Activities: Powerful worship music, impactful messages, boat rides, giant swing, zip line, game room with pool tables; foosball, cabin time with friends; free time, etc.

PRIOR TO CAMP - WE HAVE A MANDATORY PARENT MEETING ON WEDNESDAY, DECEMBER 5TH IMMEDIATELY FOLLOWING SERVICE.

Last but not least; we will meet at the Bridgeway church on **Friday, December 7th**; load buses and drive toward Lake Aurora at 3:00pm. We begin that night; have a full day **Saturday, December 8th**; sleep in separate guys and girls cabins with chaperones, awaken for a short **morning Sunday, December 9th** and then return by the end of 3rd service at Bridgeway.