

DECEMBER
4-6

CAMP
ANDERSON
OLD TOWN, FL



MANDATORY PARENT MEETING
DECEMBER 2ND FOLLOWING SERVICE

REGISTRATION ENDS TUESDAY, DECEMBER 1ST

ADULT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Age: _____ Date of Birth: _____ / _____ / _____

Email: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT/MEDICAL INFORMATION

Name: _____

Home Phone: _____ Cell Phone: _____

Do you take any drugs or medications? Yes: No: If yes, explain: _____

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

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

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

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

THANK YOU FOR YOUR SERVING OUR STUDENTS

ADDITIONAL INFORMATION

Premium activities will be part of this year's camp. Rank in order your 1st, 2nd, 3rd and 4th choice:

_____ Riverboat/Snorkeling # _____ Archery/Marksmanship # _____ Kayaking # _____ Paintball

Select your t-shirt size below:

(Adult Shirt Sizes) S M L XL 2XL

LEADER COST

*****Your cost is only \$25 for the entire weekend.***

LEADERSHIP FEE - \$25

1 PAYMENT OF \$25

This cost goes toward your room and board, meals and materials but is greatly discounted for your service, leadership and willingness that comes with a weekend like this. You will be responsible for personal items including snacks, medications, bedding, etc.

PAYMENT INFORMATION

Select method of payment:

Cash

Check

Credit Card



Card Number

Expiration Date

Billing ZIP

CVV Number

Card Verification Value code is the 3 digit number on your credit card or debit card. On your American Express® cards it is a 4 digit numeric code on the front.

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.

Signature: _____

Date: _____

Prior to Echo weekend; B7 Students will send every volunteer a link for Camp Anderson's separate liability waiver. Your will be required to complete this waiver to be present on camp property.

MARK YOUR CALENDARS - MANDATORY PARENT MEETING - DECEMBER 2ND FOLLOWING SERVICE



Adult Release Form – Student Camp / December 4-6th



BRIDGEWAYCHURCH

Camp Anderson
536 NE 168th Ave, Old Town, FL 32680

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

I, _____ residing at _____

*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 _____

PERMISSION TO PARTICIPATE IN THE FOLLOWING DESCRIBED ACTIVITIES:

PURPOSE OF ACTIVITY: BridgeSeven Students Fall/Winter Camp 2020
POSSIBLE "RISK" ACTIVITIES: Driving to Camp Anderson and returning to Bridgeway Church/Camp Activities
DESTINATION: 536 NE 168th Ave, Old Town, FL 32680
DATE LEAVING: December 4th, 2020
LEAVING FROM/TIME: Bridgeway Church, 30660 Wells Rd. Wesley Chapel, FL 33545 3:00 pm
DATE RETURNING December 6th, 2020
PICK UP AT/TIME: Bridgeway Church, Wesley Chapel, FL 33545 / Time announced at Mandatory Parent Meeting
SUPERVISOR: Micah Billingsley
COST: \$25

WAIVER OF LIABILITY

*I hereby affirm that I am the lawful 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 myself 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 I 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 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)

NOTE : *If the center portion of this form is not completely filled out - **DO NOT SIGN IT!** **BRIDGEWAY CHURCH** requires a form for each person be completed and signed by the minor's parent or legal guardian before the trip begins. No person will be allowed to participate in the above described activity unless this form is completed. 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: Camp Anderson, Old Town, FL. (Roughly 2 hours away)

Camp Activities: Powerful worship music, impactful messages, boat rides, morning and afternoon premium activities, competitions, cabin time with friends; free time and more.

PRIOR TO CAMP **WE HAVE A MANDATORY PARENT MEETING ON** **WEDNESDAY, DECEMBER 2ND IMMEDIATELY FOLLOWING SERVICE.**

Last but not least; we will meet at the Bridgeway church on **Friday, December 4th**; load buses and drive toward Camp Anderson at 3:00pm. We begin that night; have a full day **Saturday, December 5th**; sleep in separate guys and girls cabins with chaperones, and **Sunday, December 6th** return to Bridgeway Church.

