

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

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

Last but not least; we will meet at the Bridgeway church on **Friday, November 7th**, load buses and drive toward **Camp Geneva**. We begin that night, have a full day **Saturday, November 8th**, sleep in separate guys and girls cabins with chaperones, and **Sunday, November 9th** return to Bridgeway Church.





MANDATORY PARENT MEETING

NOVEMBER 5TH FOLLOWING SERVICE

REGISTRATION ENDS - TUESDAY, NOVEMBER 4TH

YOUTH INFORMATION

Full Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Home Phone: _____ Cell Phone: _____

PARENT INFORMATION

Parent(s) Name: _____

Home Phone: _____ Cell Phone: _____

Parent(s) Email: _____

PAYMENT PLANS

Indicate here which payment **OPTION YOU SELECT** _____ (See below)

OPTION A - \$150	OPTION B - \$150	OPTION B - \$150
1 PAYMENT \$150 <i>(One time payment in full)</i>	2 PAYMENTS \$75.00 <i>(minimum to reserve spot)</i> \$75.00 <i>(Remaining balance in full before or by Wed., Nov. 5th)</i>	3 PAYMENTS \$50.00 <i>(minimum to reserve spot)</i> \$50.00, \$50.00 <i>(Remaining balance in full before or by Wed., Nov. 5th)</i>

Cost includes registration, accommodations, meals, lodging, transportation and so much more.

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

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

Yes: ☐ No: ☐ If yes please specify here: _____

Select your t-shirt size below: **Included in camp cost*

(Adult Shirt Sizes) ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

*** ADD ON OPTION - ADDITIONAL COST OF \$40.00 (NOT INCLUDED IN REGISTRATION FEE)**

(Adult Shirt Sizes) ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

If you register after Monday, Oct. 27th, your hoodie might not be available until AFTER Echo WKND. You are responsible to follow up after camp.

PAYMENT INFORMATION

Select method of payment:

Cash ☐

Check ☐

Credit Card ☐

☐☐☐☐

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Card Number

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Expiration Date

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Billing ZIP

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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.

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 - NOVEMBER 5TH - FOLLOWING SERVICE



BRIDGEWAYCHURCH

30660 Wells Road Wesley Chapel, FL 33545 | 813.907.1313 | bridgeway.tv

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



BRIDGEWAYCHURCH

Camp Geneva
36540 Via Marcia, Fruitland Park, FL 34731

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

I, _____ residing at _____ am the _____
Guardians name PLEASE PRINT complete address (father/mother/legal guardian)
of _____ / _____, _____ / _____ and _____ / _____
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 Fall Camp 2025

POSSIBLE "RISK" ACTIVITIES: Driving to Camp Geneva and returning to Bridgeway Church/Camp Activities

DESTINATION: 36540 Via Marcia, Fruitland Park, FL 34731

DATE LEAVING: November 7th, 2025

LEAVING FROM /TIME: Bridgeway Church, 30660 Wells Rd. Wesley Chapel, FL 33545 - 5:00 pm

DATE RETURNING: November 9th, 2025

PICK UP AT/TIME: Bridgeway Church, Wesley Chapel, FL 33545 / Time announced at Mandatory Parent Meeting (November 5th)

SUPERVISOR: Micah Billingsley (Student Pastor)

COST: \$150 all expenses covered (Discount of \$15 available per sibling after the first registration. Full balance must be paid before or by Wedn., Nov. 5th)

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