



SPRING

RETREAT

March 8-10
\$30/teenager

FIRSTPLAINSYOUTH.COM

WHAT TO KNOW

Meet at First Plains at 3:17pm to load up luggage and grab a spot to sit in our vans.

We will be staying at Plains Baptist Camp near Floydada, TX. Since we won't have mobile service there, you can call 806-983-3954 and they will deliver the message to us.

The goal of the weekend is to unplug from everyday life, spend quality time with each other, and get closer to Jesus.

We will be back Sunday at about noon. We will be sure to contact you when we get close.

Registration & money due:
Sunday, March 3.

CONTACT

G. Eric Kaiser
806.215.0013
eric@firstplains.com

Hey parents! we are so excited for our middle school retreat! Before we get there, we wanted to make sure you had all the most up-to-date information.

In this packet, you'll find all the forms you need to get your teenager registered. Please get this to us as soon as you're able. Unfortunately, if we don't have these forms, your teenager will not be allowed to attend the event. Please let us know if you have any questions by shooting us an email or texting me.

STUFF TO BRING

- Your best attitude.
- A Bible (like, a paper one — not your phone).
- A notebook and a pen.
- Casual clothes and clothes to get dirty.
- Towels and washcloths.
- Sleeping bag or sheets and blankets for twin mattress.
- Pillow.
- Personal hygiene items! ESPECIALLY DEODORANT!
- Pajamas.
- OPTIONAL: snacks and spending money for coke machines.

STUFF NOT TO BRING

- Tobacco, drugs, alcohol, or weapons.
- Fireworks.
- Water balloons.
- Inappropriate clothing.
- Video game consoles (Switch, Xbox, Playstation)
- Your pet hamster.
- Prank supplies.

STUFF TO ASK YOUR PARENTS ABOUT

- Cell phones are permitted, but if they become a distraction they may be collected temporarily by our ministry staff.
- Headphones are permitted, but we may ask you take them off if we see them too often.

Dates: 3/8-3/10 Church/Group Attending With: First Plains

General Information

Last Name: _____ First Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ City: _____ ST: _____ Zip: _____

Person to notify in the event of an emergency: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Medical History and Medical Release

1) Known Allergies (Drug/ Environmental/ Food): _____

2) Chronic Illnesses: _____

3) Medications (presently being taken and dosage): _____

4) Dates for the required immunizations following: Current ____ yes ____ no Last Tetanus ____/____/____

5) Medical conditions and restrictions: _____

6) Insurance Carrier: _____ Phone: _____

Policy Number: _____ Address: _____

7) Check all that apply: ☐ Heart Problems ☐ Epilepsy ☐ Diabetes ☐ High Blood Pressure ☐ Disabilities

☐ Arthritis/Back Problems ☐ Operations/Serious Illness ☐ Allergies to Meds: _____

9) Additional comments/ Restrictions: _____

10) General Health Statement: _____

Special diets due to medical reasons, please contact the camp office in 10 days in advance for alternate arrangements

I give permission for medical personnel to administer the following non-prescription, over the counter medications as

indicated by checking the boxes: ☐ Cough Medicine ☐ Antibacterial Ointment ☐ Antacid ☐ Antihistamine

☐ Acetaminophen ☐ Ibuprofen ☐ Decongestant ☐ Antihistamine Cream

In the event of an emergency, I give Plains Baptist Assembly Staff or my church/group representative permission to seek medical aid for myself if I am unable to do so.

Plains Baptist Camp Rules

1) Vehicle usage.

- No riding in the backs of pickup trucks, on step boards, or side rails of any vehicle.
- NO 4-wheelers, ATV's, or riding on trailers.

2) Prohibited Items.

- Alcohol, drugs, or drug paraphernalia.
- No one under the age of 18 is to be in possession of tobacco at any time. All facilities are non-smoking at all times.
- No pornography, sexually explicit pictures, or clothing advertising inappropriate items or content.
- Guns, knives, or weapons of any kind. This includes Air Soft and other projectile weapons.
- Fireworks, silly string, and other items that could potentially damage camp or personal property.

3) Campers and Sponsors must dress appropriately.

- All clothing should reflect modesty and discretion.
- Shorts, skirts, and dresses should be of a modest length.
- Cover-ups will be worn to and from the swimming pool/waterfront (t-shirts for boys).
- Modest two-piece swimsuits or two-piece with a dark shirt maybe worn at the pool and waterfront.

4) Refrain from Public Displays of Affection (PDA).

In all things try to attain the highest Christian standards of attitude towards personal appearance and stewardship of our camp grounds.

Plains Baptist Camp

Statement of Participation, Assumption of Risk, and Release from Liability

1. ACKNOWLEDGEMENT OF INHERENT RISKS

I have read and understand the risks, and responsibilities, and liabilities as listed below. I certify that I am aware of the inherent risks associated with outdoor camp activities as well as the inherent risks of being on camp property. Notwithstanding, I hereby choose to participate in all camp activities. Camp activities may include but are not limited to: hiking, climbing, running, swimming, ropes courses, zip line, field sports, waterfront recreation, paintball, and shooting sports. Further, in consideration for Plains Baptist Camp agreeing to accept the afore mentioned child/individual as a camper/guest, I hereby personally assume all risks in connection with my attendance and participation in the events at Plains Baptist Camp.

2. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Plains Baptist Camp for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives from any claim by me, or my family, estate, heirs, or assigns out my participation in activities at Plains Baptist Camp.

5. Pre-Authorize for Medical Treatment

As previously listed, I authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered, as needed in the judgment of the treating physician, who is chosen by the Camp Director, or a designated representative working under him, as circumstances require. I further authorize Plains Baptist Camp Staff to render first aid and to administer medications as prescribed and received by the Camp Nurse at registration.

6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused directly or indirectly, including graffiti.

7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

I agree to fully cooperate with the adult leadership, camp staff, and other sponsors. I agree that if in the judgment of the adult leadership or camp staff my presence becomes a discipline problem, that I may be asked to leave, and that I will forfeit all camp fees paid.

8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my photograph may be used for promotional purposes or publicity material by Plains Baptist Camp.

9. CAMP RULES AND POLICIES

I agree that I will adhere to the rules and policies of Plains Baptist Camp (see above)

By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

Participant Name(Print) _____

Participant Signature _____ Date _____

Parent /Guardian Name _____

Parent /Guardian Signature _____ Date _____

Minor Participation Consent & Medical Release

Please print in ink.

Date: _____ (Effective for one year)

Name of Minor Participant: _____ Age _____ Birthday _____
(Last) (First) (Middle)

Grade in school _____

Mailing Address _____ City _____ State _____ Zip _____

Minor Participant Phone _____

Medical insurance company _____ Policy # _____

Physician Name _____ Office phone _____

Mother's name _____ Phone _____

Father's name _____ Phone _____

Emergency contact _____ Phone _____

Alternate Emergency contact _____ Phone _____

Medical History & Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which this participant is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken:

Check the following areas of concern for this participant. If necessary, add another page with details:

1. Does this participant have allergies to

_____ pollens _____ medications _____ food _____ insect bites

If yes, please explain:

2. Does this participant suffer from, or has ever experienced, or is being treated currently for any of the following:

_____ asthma _____ epilepsy/seizure disorder _____ heart trouble _____ diabetes

_____ frequently upset stomach _____ physical handicap _____ other

3. Date of last tetanus shot: _____

4. Please list and explain any major illnesses this participant experienced during the past year:

Additional Comments:

5. Should this participant's activities be restricted for any reason? Please explain:

Minor Participation Consent & Medical Release

Behavioral Expectations

For your information, we expect each participant to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No minors can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Participants who fail to comply with these expectations will be **sent home at their parents' expense.**

I, the minor participant, have read the rules of conduct and the above evaluation of my health and permission to participate in group activities. I agree to abide by the stated personal limitations and code of conduct.

Minor Participant's Signature: _____ Date: _____

Consent to Participate & Medical Release

_____(Minor Participants Name Printed) has my permission to attend all activities and events sponsored by First Baptist Church of Plains, TX.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church, Plains, TX and its staff of any liability against personal losses of named participant. It also allows First Baptist Church to use any media, digital video, or digital pictures that are collected in relation to activities.

I/We the undersigned have legal custody of the minor named above, a minor, and have given our consent for him/her to attend events being organized by the First Baptist Church of Plains, TX including those requiring travel by vehicle and overnight stays.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release First Baptist Church of Plains, TX, its staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our participant's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by First Baptist Church of Plains, TX, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above.

I/We also agree to bring my/our participant home at my/our own expense should they become ill or if deemed necessary by a church staff member.

I/We give permission to First Baptist Church of Plains, TX to take and use pictures, video, and personal accounts of the activities and events on social media, official website(s), and in print publications.

Parent / guardian signature: _____ Date: _____