

SPRING BREAK MISSION 2018



**MISSION: ARKADELPHIA
MARCH 17-21, \$30**

To live and share our faith through serving our church and local community, working with local organizations in their efforts to benefit Arkadelphia and reach people for Christ

WHAT TO BRING

- Clothes you don't mind getting dirty.
- Closed toe, closed heel shoes (for work activities)
- Bible, notepad, and pen
- Personal snacks for the trip
- Any prescription drugs
- Work supplies/tools we may need for the appropriate projects

LEAVE AT HOME

Alcohol, tobacco, firearms, fireworks, and prank supplies are not permitted at any SBC Students event or activity.

TENTATIVE SCHEDULE

SCHEDULE

Saturday, March 17

10:00am Meet @ SBC for a day of fun
8:00pm Return to Arkadelphia

Sunday, March 18

9:15 am Sunday School
10:30 Worship
Noon Lunch @ SBC/Work Project Orientation
1:30pm Off to work sites
5pm Wrap up/Meet @SBC

Monday-Tuesday

9:00am Breakfast
9:30am Morning Devotions/Worship
10:30 Head to Work Sites
Noon Lunch
5:00pm Back to SBC

Wednesday, March 21

9:00am Breakfast
9:30am Morning Devotions/Worship
10:30 Wrap up projects
Noon Head Home

Mission Arkadelphia '18 Permission Form

(Please cut and return with \$30 Registration Fee)

As parent/legal guardian of _____, I grant permission for him/her to participate in the trip described below: (Print Student's name)

Second Baptist Student Ministry will be involved with outreach, service, and community projects throughout Arkadelphia and surrounding regions. We will work with community organizations to benefit the city and create opportunities to share the gospel. We will have a day of fun in Hot Springs on Saturday, March 17, and finish our projects at noon on Wednesday, March 21. Students will sleep at their own homes and meet each day at 9am. The cost is \$30/person.

Signature of Parent/Guardian

Date

Medical Release Form for Second Baptist Student Events 2018

Name: _____ Birth Date: _____ T-shirt size: _____ Grade: _____

Address: _____ Home Phone: _____

Guardian/Mother's Name: _____ Cell #: _____ Email _____

Guardian/Father's Name: _____ Cell #: _____ Email _____

Emergency Contact: _____ Cell #: _____

Medical Insurance Company: _____

Policy # _____ ID # _____

Medical History:

Below, please describe in detail the nature and severity of any physical and/ or psychological ailment, illness, allergy, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the sponsors should be aware, and what, if any protection is required on account thereof. Include name and medications and dosages that must be taken. Use the back of this page if necessary.

Rules for any SBC Student Event:

No possession or use of alcohol, drugs, or tobacco

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

Respect property, leaders, other students and obey rules set by leaders

Be on time and where you are supposed to be

Students who fail to comply with these expectations may be sent home at their parents' expense. Please explain this to your student.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events organized by Second Baptist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, damage to person or property that may occur during the course of my/our child'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 the church. 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 the date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff.

Parent/Guardian Signature

Date