

Registration Deadline
and payment of \$30.00
is due by: Thursday,
February 14, 2020

SURGE WINTER 2020

@ FBC MOUNT VERNON

Friday Evening, February 21, & Saturday, February 22
For all youth in 6th through 12th grade

Total fee of **\$30.00** includes 3 meals (Friday supper, Saturday breakfast and lunch), Snacks, a T-shirt, and learning materials. Participants will return to their homes to sleep.

Name: _____ Age: _____ Sex: _____ T-Shirt Size (adult sizes only): _____

Current School Grade: _____ E-Mail address: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Parent/Guardian Name(s): _____ Home Phone: _____

Cell Phone(s): _____

Additional Contact Person for Emergencies:

Name: _____ Phone Numbers: _____
(Home) (Cell)

Please list any allergies/medications or other medical conditions: _____

Name of Insurance Company covering student: _____

Policy Number: _____ Name of Policy Holder: _____

Church you attend: _____ Member: Yes _____ No _____

As a participant I agree to abide by all the rules set forth by the DBA SURGE committee. I further understand that failure on my part to comply with rules and directions given by the event organizers and youth leaders that are serving as counselors and chaperones of the event will merit my immediate dismissal at my parent/guardian's expense.

Participants Signature: _____ Date: _____

Please Note: A Parent/Guardian Signature Is Required

As a parent/guardian I agree to allow my child to attend Winter Surge. I understand that the event organizers, the DBA, individual DBA churches or FBC Mt. Vernon, will not be held liable for injuries incurred as a result of my child's attendance at this event. Should injury or illness, other than minor, arise, I give my permission for medical care to be provided. I shall be fully responsible for payment of such cost. I also give my permission for any photographs taken of my child to be used for possible promotion purposes. I also give my permission for my child to be transported from FBC Mt. Vernon to participate in a local mission project.

Parent/Guardian Signature: _____ Date: _____

Schedule:

Friday, February 21 arrive for supper & activities @ 6:00 pm

Depart for home @ 10:00 pm

Saturday, February 22 arrive for breakfast and a full day of activities @ 9:00 am.

Depart for home @ 4:30 p.m.

Return application and deposit to:

Daniell Baptist Association

P.O. Box 388

Ailey, GA 30410

Make checks payable to Daniell Baptist Association

If you have any questions, please call:

Laura Hay at 253-0041 or Tabitha Braddy at 253-2896

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