

Mail Application and Payment to:  
Daniell Baptist Association  
P.O. Box 388  
Ailey, GA 30410  
Note campers name(s) in memo

# SURGE WINTER 2022 YOUTH MISSIONS

July 15 & 16

Brewton-Parker College

Drop off at 8:00 a.m., Pick up at 8:30 p.m. each day, Gillis Gymnasium

**Registration Deadline & payment of \$20 is due by July 1, 2022 TO RECEIVE A T-SHIRT**

For all youth in just completed 6th through 12th grade  
Total fee of \$20.00 includes lunch & dinner daily, snacks, t-shirt, and all the missions,  
discipleship, worship, fellowship, games and good times we can pack into two days!  
Participants will return to their homes to sleep.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size (adlt sizes only): \_\_\_\_\_

Just Completed School Grade: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Address: \_\_\_\_\_

(Street or P.O. Box) (City) (State) (Zip)

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Emergency Contact:

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 Surge. I understand that the event organizers, the DBA, individual DBA churches or Brewton-Parker College, 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 Brewton-Parker College to participate in local mission project(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION WILL BE SENT VIA EMAIL**

For Office Use: Received: _____ Confirmation email sent: _____	GS: _____ QB Payment Method: Cash      Check: _____
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