



BEACH ADVANCE 2024

High School Camp is for those who have *completed* 9th - 12th Grade.

Student Information

Name: _____ Gender (Circle One): M // F

Address: _____

City: _____ State: _____ Zip: _____

Student Cell Phone #: (____) - ____ - _____

Student Email Address: _____

School: _____ Grade (Fall 2024): _____ Shirt Size: _____

Payment Information

Early Registration Price April 4 - April 30: \$525

Late Registration Price May 1 - May 31: \$575

No refunds will be given past May 31

I will be paying by: Cash _____ Check # _____

*Spots may fill up before the registration deadline. Once all spots are filled, registrants will be placed on a waiting list. *See the Registration and Waitlist sheet for more information**

Parent Information

Please, list *at least* one parent who will be carbon copied on all correspondence.

Name: _____ Email: _____

Name: _____ Email: _____

THIS PAGE [IS]
INTENTIONALLY LEFT
BLANK.

Student Survey

Please, attach a recent photo of the student.

1. What are some of your hobbies or talents?
2. Write 2-3 sentences discussing your family life.
3. On a scale of 1 to 10, how would you rate your life (1 being the worst it has ever been and 10 being the best it has ever been). Why?
4. In 35 words or less, describe your relationship with God.
5. Which of the following ranges best describes your weekly Bible study habits?
 - (A). 0-2 days per week
 - (B). 3-4 days per week
 - (C). 5-6 days per week
 - (D). 7 days per week
6. Finish this sentence, "The thing that people misunderstand about me is..."
7. What does it mean to be a "Christian"?
8. How would your friends describe you?
9. Have you ever trusted in Jesus Christ to be your Savior? Have you ever been baptized? When?
10. Is there anything you are struggling with right now that you would like to talk with someone about?

Student Expectations

First and foremost, I understand that I am under the leadership of the Harvest Student Ministries Team. I will respect their decisions and follow without hesitation.

Obey adult leaders without question.

Students will wear the designated "Harvest Students" lanyard at all times.

Students are to be on time for all activities.

Students will wear conservative, appropriate clothing. Girls must wear one-piece swimsuits with no cut outs.

Students and leaders may *never* enter the bedroom of the opposite sex. Students may *only* be present in the common area of the opposite sex's condo if adult leaders are present.

Students are not allowed on the balcony without a leader present. Further, the student understands throwing objects off balcony will result in immediately being sent home at their own expense.

No raids, rough play or pranks. Profanity, cursing, criticism, negative comments, and bullying are absolutely not allowed. Instead, be positive in your speech. If we hear it, you are opening yourself up to be sent home early.

You are financially responsible for any damage to the property.

Students are allowed to bring iPad/iPhone at their own risk.

Phones may be used during "Clean Up Time" each day. At any other time, they may be taken up.

Students and leaders are not allowed to leave the grounds without permission from Dyllan Avery-Smith.

Do not associate with anyone who is not a part of Beach Advance 2024.

You are not allowed to bring or purchase any of the following: alcohol, tobacco products, drugs, firearms, lighters, knives, or fireworks.

Student is capable of swimming in the ocean, pool, and/or bay.

STUDENTS WHO VIOLATE THESE EXPECTATIONS WILL LOSE PRIVILEGES OR BE SENT HOME AT PARENTS' EXPENSE.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

**BEACH ADVANCE 2024 RELEASE, WAIVER AND
AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

Student's Legal Name: _____ (“Student”)

Date of Birth: ____/____/____

Height: _____

Sex: MALE // FEMALE

Weight: _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: (____) - ____ - _____

Mother/Guardian's Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone Number: (____) - ____ - _____

Father/Guardian's Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone Number: (____) - ____ - _____

*HARVEST CHURCH OF MEMPHIS DOES NOT LIMIT ACCESS OF A NON-CUSTODIAL PARENT TO A
CHILD WITHOUT A SIGNED COURT ORDER.*

Emergency Contacts

(Indicate two persons other than parents or guardians)

Name: _____ Relationship to Student: _____

Home: (____)-____-____ Cell: (____)-____-____ Work: (____)-____-____

Name: _____ Relationship to Student: _____

Home: (____)-____-____ Cell: (____)-____-____ Work: (____)-____-____

Medical Information

Insurance Company: _____

Group/Policy #: _____

Physician's Name: _____ Phone #: _____

**A COPY (FRONT AND BACK) OF THE STUDENT'S HEALTH
INSURANCE CARD MUST ACCOMPANY THIS FORM.**

**BEACH ADVANCE 2024 RELEASE, WAIVER AND
AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

Are the student's immunizations (including tetanus) current? YES // NO Date: _____

Does the student have any chronic illness, recent injury or medical conditions? YES // NO

Is your student currently receiving any form of medication? YES // NO

Medication: _____

Dosage Amount: _____

Frequency: _____

Medication: _____

Dosage Amount: _____

Frequency: _____

Has your student ever been diagnosed or treated for an eating disorder? YES // NO

Has your student ever been diagnosed or treated for self-injury? YES // NO

Does the Student wear any removable dental appliance (i.e. bridge, retainer)? YES // NO

Allergies:

Medications: _____

Foods: _____

Other (insects, latex, iodine, etc.): _____

Does your student have an EPI PEN? YES // NO Dosage: _____

Physical concerns, limitations or disabilities: _____

Is there anything else we need to know regarding the physical, emotional or mental health of the Student? If so, please describe in detail:

**A COPY (FRONT AND BACK) OF THE STUDENT'S HEALTH
INSURANCE CARD MUST ACCOMPANY THIS FORM.**

**BEACH ADVANCE 2024 RELEASE, WAIVER AND
AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

RELEASE, WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT

IN CONSIDERATION FOR ALLOWING THE ABOVE-NAMED STUDENT TO PARTICIPATE IN ACTIVITIES AFFILIATED WITH HARVEST CHURCH OF MEMPHIS, I DO HEREBY, ON BEHALF OF THE ABOVE-NAMED STUDENT, RELEASE HARVEST CHURCH OF MEMPHIS, ITS STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS, AND ASSIGNS FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATSOEVER NATURE, BOTH INDIVIDUALLY AND COLLECTIVELY, THAT MAY ARISE FROM THE STUDENT'S PARTICIPATION IN ANY ACTIVITIES AFFILIATED WITH HARVEST CHURCH OF MEMPHIS, WHETHER OR NOT SUCH ACTIVITIES OCCUR ON THE PROPERTY OF HARVEST CHURCH OF MEMPHIS AND WHETHER OR NOT SUCH CLAIMS OR LIABILITIES ARISE OUT OF THE NEGLIGENCE OR OTHER CONDUCT OF HARVEST CHURCH OF MEMPHIS. I RECOGNIZE, UNDERSTAND, AND ACKNOWLEDGE THAT THE ACTIVITIES IN WHICH THE STUDENT WILL OR MAY PARTICIPATE INVOLVE RISKS, INCLUDING BODILY INJURY OR EVEN DEATH, BUT I AM NEVERTHELESS VOLUNTARILY AND KNOWINGLY CONSENTING TO THE CHILD'S PARTICIPATION IN THOSE ACTIVITIES AND ARE FULLY RELEASING HARVEST CHURCH OF MEMPHIS FROM ANY AND ALL CLAIMS FOR SUCH INJURY OR DEATH.

I further agree that Harvest Church of Memphis representatives have the authority to authorize or provide such emergency medical, dental, surgical care or treatment and are authorized to make all medical, dental or surgical care decisions as may be necessary in their judgment for the Student during his/her participation in any activities affiliated with Harvest Church of Memphis, including but not limited to a trip to **BEACH ADVANCE 2024** in PENSACOLA, FL from on or about JUNE 23-JUNE 28, 2023. I understand that I will be financially responsible for any costs incurred in the emergency treatment and/or transportation of the Student.

I, THE PARENT/GUARDIAN OF THE ABOVE-NAMED STUDENT, DO HEREBY GIVE OVER AND RELEASE UNTO THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS AND/OR ASSIGNS OF HARVEST CHURCH OF MEMPHIS ALL AUTHORITY AND RESPONSIBILITY TO AUTHORIZE ANY AND ALL MEDICAL TREATMENT NECESSARY FOR THE PROTECTION OF THE HEALTH AND WELL-BEING OF THE AFOREMENTIONED STUDENT. THIS AUTHORIZATION SHALL AUTHORIZE ANY AND ALL MEDICAL TREATMENT BY LICENSED MEDICAL PERSONNEL, PURSUANT TO THIS MY EXPRESS AUTHORIZATION, WHETHER WRITTEN OR ORAL, OF THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, VOLUNTEERS AND/OR ASSIGNS OF HARVEST CHURCH OF MEMPHIS.

THIS AUTHORIZATION SHALL BE EFFECTIVE UNTIL IT IS EXPRESSLY REVOKED.

SEE NEXT PAGE FOR REMAINDER OF DOCUMENT—SIGNATURES REQUIRED

**BEACH ADVANCE 2024 RELEASE, WAIVER AND
AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

RELEASE, WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT—CONTINUED

I hereby grant permission for the staff, leadership, employees, agents, representatives, chaperones, volunteers and/or assigns of Harvest Church of Memphis to administer over-the-counter medications, including but not limited to: Tylenol, Advil, Tums, Benadryl, Anti-Itch Cream, Triple Antibiotic Cream, Benadryl Cream, Cough Drops, Throat Spray or Lozenges.

I further understand that the Student will be using the facilities of Harvest Church of Memphis and/or facilities owned and operated by third parties. I further understand that the Student may be transported in vehicles or equipment owned, leased, or rented by Harvest Church of Memphis, and that Harvest Church of Memphis and/or third parties may operate such vehicles or equipment. I understand that I, by signing this document, release Harvest Church of Memphis from all claims and liability whatsoever. I further understand that I am financially responsible for any damage to public or private property caused in whole or in part by the Student.

I agree that the Student will abide by all rules and will respect the staff, leadership, employees, agents, representatives, chaperones, volunteers, other students, and the property of Harvest Church of Memphis or of third parties. Any and all illegal activity by the Student will be reported to the proper authorities. I further understand that I am financially responsible for any damage to public or private property caused in whole or in part by the Student and will reimburse Harvest Church of Memphis within thirty (30) days for any expenses associated with damages or repairs.

Harvest Church of Memphis has my permission to use, without any compensation, any photographs, videos, recordings of other media for the purposes of brochures, videos, advertising, website, or other promotional items, and waive any right of ownership to such media or other claim the Student or I may have to receive any royalty or other compensation for such use. I further understand that these photos/videos will be used for Harvest Church of Memphis promotional purposes only.

I acknowledge that I have read and understand all aspects of this agreement and, by my signature, indicate agreement with the terms set forth in this document. I agree that copies, scans, or faxes of my signature are accepted as binding. I acknowledge that this Release, Waiver and Authorization for Medical Treatment is effective until I submit a new or updated Release, Waiver and Authorization for Medical Treatment and I agree to provide updated information as necessary.

I have had the opportunity to speak with legal counsel regarding this Waiver, Release and Medical Authorization. I represent that I am authorized to act on behalf of all parents and guardians of the Student. As consideration for allowing the Student to participate in **BEACH ADVANCE 2024**, on behalf of all parents and guardians of the Student and on behalf of the Student, I give up any and all claims against Harvest Church of Memphis arising from the Student's participation in **BEACH ADVANCE 2024**.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____