



WHEN, WHERE, AND HOW MUCH?

When: Friday, September 15 @ 5:30pm –
Sunday, September 17 @ 12:00pm
Where: Toccoa Conference Center
Cost: \$100

SCHEDULE

September 15-Friday Night

5:30 - Meet at PCBC
7pm - Dinner
8pm – Arrive at Toccoa Center

September 17-Sunday

12:00 – Pick up in Student Center

WHAT TO BRING

Bible and Pen
Snacks to Share
Spending Money
Casual Clothes
Tennis Shoes
Towel
Pillow
Toiletries



MEDICAL RELEASE FORM

Each student and adult must fill out the information below completely.

Student's Name _____
Male Female (circle one) Date of Birth _____ Age _____
Address _____ City/State/Zip _____
Student's Email Address _____
Parent/Guardian Name _____
Home phone _____ Work phone _____
Emergency Contact _____ Phone _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy Number _____
Name on Insurance Card _____
Physician's Name _____ Phone _____

Current Medical Problems

Drug/Food/Insect Allergies _____

Current Medications	Dosage	Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Special Conditions not listed above: _____

Medical and Liability Release

I/We, _____, the parent(s) of _____ do hereby give over and release unto the staff and chaperones of Peachtree Corners Baptist Church of **all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well-being of my aforementioned child.** This authorization shall authorize any and all medical treatment by licensed medical personnel, pursuant to the express authorization, whether written or oral of the above mentioned representatives. This authorization shall be effective on September 15, 2017 through September 17, 2017, inclusive or until it is expressly revoked. **I hereby grant permission for the PCBC Nurse or trained designate to administer over-the-counter medications, including but not limited to: Tylenol, Ibuprofen, Pseudophed, Claritin, Tums, Benadryl, Anti-Itch Cream, Delsym, Visine eye drops.** I hereby release Peachtree Corners Baptist Church, its staff, chaperones, and volunteers, from any and all claims and liabilities of whatsoever nature, both individually and collectively, that may arise from my child's participation in this event. I/We understand that I/we will be financially responsible for any medical costs incurred in the emergency treatment and/or transportation of my child. **Transportation and Property:** I/We further understand that my child will be transported in equipment owned, leased, or rented by Peachtree Corners Baptist Church. I/We understand that I/we are financially responsible for any damage caused by or in part by my child. This includes all private and public property. **Promotional Release:** Peachtree Corners Baptist Church has my permission to use any photographs/video of the above named child for brochures, videos, advertising, web page and other promotional items. I/we further understand that these photos/videos will only be used for PCBC promotional purposes. I/We acknowledge that I/we have read and understand all aspects of both sides of this document. I/We agree that copied representations of our signatures should be accepted as binding. Both parent signatures are preferable, but only one parent signature is required.

Signed (Parent or Guardian) _____ Date _____

A copy of your Health Insurance Card must accompany this form for your registration to be complete.