

Does this child have any of the following allergies?

Penicillin Yes No  
Other Drugs \_\_\_\_\_ Other \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Ivy Poisoning, etc. \_\_\_\_\_  
Hay Fever \_\_\_\_\_

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in activities? Yes No If yes, describe problems or illnesses \_\_\_\_\_

State the name, address, and phone number of child's family physician and any other physician that should be contacted in the event of an emergency \_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_

Is there medical or hospitalization insurance which provide benefits for this child? Yes No

If so, please indicate: Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Birthdate \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this child? Yes No If so, describe \_\_\_\_\_

Is this child on any medications? Yes No If so, please list \_\_\_\_\_

Will the child be bringing medications with him/her? \_\_\_\_\_

Describe any dietary restrictions this child is required to observe \_\_\_\_\_

I understand that in the event my child requires medical treatment while engaged in an activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry sponsor or adult counselor acting on behalf of the ministry to consent to the physician selected by the ministry to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for the above camper.  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Disciplinary Release**

I agree to pay any and all expenses including the cost of my child being sent home if disciplinary action is deemed necessary by the First Baptist Ministries Staff.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# JR. HIGH JAM 2010

# REFLECTIONS

"AS WATER REFLECTS A FACE,  
SO A MAN'S HEART REFLECTS THE MAN."

PROVERBS 27:19

MARCH 19-21  
FIRST BAPTIST CHURCH  
RAPID CITY, SD.  
Cost: \$65

# REGISTRATION

As water reflects a face.  
So a man's heart reflects the man."  
Proverbs 27:19

**JUNIOR HIGH JAM**  
MARCH 19-21, 2010  
RAPID CITY, SD.  
COST: \$65  
STUDENTS IN GRADES 6-8 ONLY  
BRING \$ TO EAT ON WAY THERE AND BACK



**SPEAKER: ADAM SIEFF**  
**WORSHIP: "THE BAND"**

**WHAT TO BRING: WARM SLEEPING BAG/BEDDING, PILLOW, CLOTHES (DEPENDING ON WEATHER, COULD BE COLD), TENNIS SHOES, TOWELS, PERSONAL EFFECTS, BIBLE, PENCIL, PAPER, SWIMMING SUIT. GOOD ATTITUDE!**



**WHAT NOT TO BRING: ELECTRONICS (IPODS, GAME SYSTEMS, COMPUTERS, PHONES ETC.), ALCOHOL, TOBACCO, DRUGS, AND A BAD ATTITUDE!**



**Registration Deadline is Friday, March 12th, 2010**

Turn Your form into Kalie Jordan at First Baptist with your \$65 registration fee. (Make checks out to First Baptist)

There will be a \$15 cancellation fee if you can't attend.

For more information talk to Kalie (605-838-6871), or call the Region Office at (605-575-2071).

**Departure Time will be 1pm on Friday the 19th of March**



Cut out and return with \$

## JAM Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Your Home Church: \_\_\_\_\_  
Youth: \_\_\_\_\_ Adult Leader: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above camper has my consent to attend the camp and to participate in its activities. In case of an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for the above camper. I understand an effort will be made to contact me.

Parent or Guardian signature: \_\_\_\_\_

**PLEASE FILL OUT THE MEDICAL RELEASE FORM BELOW AND ON THE BACKSIDE AS WELL.**

### Permission and Medical Consent For First Baptist Church Student Ministries

(Effective January 1, 2010 - December 31, 2010)

As a parent or legal guardian, I hereby give permission for my child to participate in the following activities with First Baptist Student Ministries. This may include but is not limited to: Summer Camps, Winter Retreats, Mission Trips, Outreach Events, Discipleship and Small Groups, and other youth activities.

Child's Full Name \_\_\_\_\_  
Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_