

First B Youth Ministry
First Baptist Church
1401 S. Covell Ave.
Sioux Falls, SD 57105

Kalie Jordan
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2010 High School Missions Trip

Chicago, IL. June 13-June 19

"He must become greater and greater,
and I must become less and less."

John 3:30


more.

MORE JESUS. MORE MISSIONS. MORE LIFE.

Youthworks Trip Details

!!!EARLY SIGNUP REQUIRED!!!
Registration must be in no
later than January 11th, 2010

What: ***Week Long Missions Trip in
Chicago, IL.***

When: ***June 13th-June 19th, 2010***

Who: ***All Current 8th - 12th graders***

Cost: ***\$60.00 non-refundable***

***Registration Fee Required with
Registration Form. (See Kalie for
Financial scholarship information)***

Total Cost for the Trip will be \$300!

Get your registration form in quickly, no later
than January 11th, 2010!!

**We have a limited amount of spaces available.
Spaces will be filled on a first come, first serve
basis.**

For more information contact Kalie @
(605) 838-6871

Youthworks Registration Form

Student Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Health History (Please Print):

Date of last known Tetanus Booster: _____

Known Allergies: _____

Medications: For What _____ Dosage: _____

Menu Restrictions: _____

Activity Limitations: _____

Recent Illness: _____

Other Comments: _____

For those under 18 years of age:

Designated Adult (Parent, Legal Guardian or other)
emergency contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone: _____

EMERGENCY MEDICAL AND DISCIPLINARY RELEASE

I understand that all due precautions will be taken, but in spite of this, accidents can happen and illness develop; therefore I will not hold the leaders or directors of the church liable for any illness or accident resulting from the above named child's participation. In case of surgical or medical emergency, I hereby give permission to the physician sponsored by the leaders or directors to hospitalize, secure proper treatment, ordering of injection, anesthesia, for the child named above.

I also agree to pay any expense, including the cost of my child being sent home if disciplinary action is deemed necessary.

Parent/
Guardian _____ Date _____

Student _____ Date _____