

**\$125 due
Sept 1st!**

emergency contact:
774-230-1896

BRING

- cash for souvenirs
- toiletries
- one suitcase

DON'T BRING

- pets, drugs
- weapons
- illegal stuff
- bad attitudes

FILL BOTH SIDES & DOE RIVER RELEASE

Student name(s):

Gender: M F

phone:

Parent Name :

Parent #:

Parent Email:

Small Group Leader:

grade this fall 6 7 8 9 10

11 12

EARLY BIRD RATE: \$125 (BY
9/20)

FULL PRICE: \$150 (AFTER 9/1)

QUESTIONS? Please email:
drivera@thebridgechurch.org

additional forms: www.thebridgechurch.org
additional info: www.doerivergorge.com

DROP OFF 5:30 PM Friday, Oct. 20
at The Bridge

PICK UP 5 PM Sunday, Oct 22
at The Bridge



Join us for our Fall Retreat. We will head into the mountains of TN for some much needed readjusting. We will grow closer together as we ultimately aim to grow closer to Christ. Our theme this year will be living out our faith.



RELEASE AND REGISTRATION

early bird \$125

full price \$150

Student name _____

I give consent for my child to attend the **Student Ministry Fall Retreat** being led by The Bridge Church taking place **October 20-22, 2017**. I understand that in the event of an accident or emergency, every effort will be made to contact me as soon as possible. If contact cannot be made, I authorize the respective director to give specific consent to any diagnosis, treatment or hospital care deemed necessary by a duly licensed physician or surgeon. I also release The Bridge Church from any liabilities involved.

In the event disciplinary actions are necessary, I will be responsible for any cost incurred due to the actions of my child. I realize also that I may be contacted at any time to come and pick up my child as a disciplinary measure, if deemed appropriate by the director.

I understand that photos, videos, etc. of my child may be taken by the church. These photos, videos, etc. may be used for church publicity purposes.

COMPLETE THIS SECTION IF YOU DO NOT HAVE A CURRENT NOTARIZED MEDICAL RELEASE ON FILE

Doctor

Doctor's phone

Insurance co.

Emergency Contact (during trip):

Second Emergency Contact:

Medications or allergies:

Parent signature _____

Parent name _____

Phone during event _____



crossover

**Student Ministry
Fall Retreat
Hampton TN
OCT. 20-22nd**