

Oakwood Student Ministry

Believe Weekend

January 24-26, 2020

\$85 Nov. 21st - Jan 8th

\$100 Jan 9th - Jan 22nd

\$150 Jan 23rd and 24th



Sign Up Now!!

\$20 Deposit

**Guarantees your
Registration Rate,**

T-Shirt

&

Your Spot

An exciting event where students spend the weekend in trusted host homes, worship with a dynamic band, hear from an outstanding speaker, have spiritual discussions in small groups, and most of all, enjoy tons of food and fun with their friends all weekend long!

Friday

Jan 24th

**Check-In
@ 7:00pm
Drop students
off @ Oakwood
~
Evening Session**

Saturday

Jan 25th

**Morning
&
Evening
Session
~
SPECIAL EVENT**

Sunday

Jan 26th

Morning Session

NOON

**Students go to your
OWN home**

January 24-26, 2020



What To Bring List :

Sleeping bag

Pillow

Bible

Notebook

Pen or pencil

Recreation and casual clothes

Toothbrush/Toothpaste

Soap

Deodorant

Feminine Essentials

Towels and washcloth

Jeans to be worn with your Believe shirt on Sunday

Snacks:

1 bag of chips

1 bag of your favorite snacks

2 liter of favorite soft drink or bottled waters

What Not to Bring

NO—Electronic Devices (DVD players, game consoles, iPod, etc.)

NO—Air soft guns or weapons or items that look like weapons

NO—Pranking supplies

If you have to ask... **NO**

BELIEVE 2020

For office use only: Date received:

Amt: \$

ck#

Shelby: { }

BELIEVE WEEKEND

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PLEASE PRINT

Student Name	Grade	Gender (M/F)	Date of Birth
Address	City/State	Zip	Adult T-Shirt Size
Student Cell #	Student E-Mail		
School Attending	Current Church		
Parent Name	Cell #	E-mail	
Parent Name	Cell #	E-mail	

Name **1** student you would like to be in a house with:

This does not guarantee that you will be in the same house.
We will do our best.

Registration form with a \$20 deposit will reserve your rate & spot!

Full payment due by Sunday January 19th

Pay online at oakwoodnb.com (middle school or high school tab)

You can mail to: Oakwood Baptist Church 2154 Loop 337 New Braunfels, TX 78130

For more information call at 830-625-0267 or e-mail tiffany.lenz@oakwoodnb.com

OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

NAME: _____

(LAST)

(FIRST)

(MIDDLE)

PARENT'S NAME: _____

(FOR THOSE UNDER 18)

ADDRESS: _____ ZIP: _____

PHONE: _____ ALT. EMERGENCY CONTACT #: _____

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. _____

Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc. _____

FOOD ALLERGIES / RESTRICTIONS: _____

ARE STUDENT'S IMMUNIZATIONS CURRENT Yes _____ No _____ Other _____

DESCRIBE OTHER _____

MEDICAL INSURANCE: Yes _____ NO _____

Company Name _____ Policy Number _____

Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, _____ the parent and/or guardian of _____,

a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby

give my child, the said minor, my express permission to go on **any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry**. I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any/all trips.

SIGNATURE

Photograph/Video Notice

I understand that as a participant in the Oakwood Student Ministry, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials for OSM (i.e. Website, posters, flyers).

DATE _____

SIGNATURE