

2011 Health and Medical Information Form

Student Medical Information:

Name _____

Address: _____

City, ST zip: _____

Insurance Co.: _____

Policy #: _____

Subscriber Name: _____

Insurance Phone: (____) ____-_____

Physician: _____

Physician Phone: (____) ____-_____

Allergies: _____

Medications: _____

Emergency Contact Information:

Parent/Guardian Name:

Home Phone: (____) ____-_____

Mom Cell Phone: (____) ____-_____

Dad Cell Phone: (____) ____-_____

We don't need capes to be...

SuperHeroes

Common people living

Supernatural lives



“We have this treasure in Jars of Clay
to show the surpassing Power belongs to God and not to us!”

2 Corinthians 4:7

Snow Camp 2011 Feb. 25-27

Schedule:

- Be at church by 3:30pm on Friday!
- Leave Fellowship at 4:00pm SHARP!
- Stop for dinner on the way. Bring cash.
- Arrive at Camp Fairwood around 8:00pm
- 52 hours of God, Friends, Food, Fun & Snow
- Return to Fellowship around 8:00pm Sunday

Cost:

Early Bird Rate: \$99.⁰⁰ (if \$20 Deposit and Permission
Registration Form are turned in by Feb. 6th)

Regular Rate: \$110.⁰⁰ after February 6th.

Scholarships are available – ask a Pastor if you need help.

What To Bring:

Warm clothes even for inside.
Outside clothes (MANDATORY) like snow pants, coat, boots, gloves, hats, scarves.
Sleeping bag, pillow, and your favorite Teddy.
Personal hygiene items and towels.
Money for a fast food stop on Friday night.
Your BIBLE and a great attitude!
It is OK to bring your cell phones but we ask you to only call your parents.

What Not to Bring:

Music Devices. We make our own music.
Anything involving Fire!
Any practical joke materials a Pastor has not personally approved.
High Caffeine Energy drinks. By the time we are done with you, you will want to sleep.

Emergency Contact Info:

Camp Fairwood - W7905 S. Pleasant Road
Westfield, WI 53964 (608) 296-2801
Pastor David's Cell (262) 488-2408

Start to Prepare Now

Please start praying for this weekend.
Pray for all of us to have moldable hearts,
for our lives to be changed,
that the Lord would do something big.

Activity Registration Form

Fellowship Baptist Church
5607 Wright Ave. Racine, WI 53406
(262) 633-3206

I give permission for my child,

to attend Snow Camp on February 25-27, 2011
sponsored by Fellowship Baptist Church.

As parent or legal guardian, I do hereby authorize medical treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the information included on this form. I understand that the Fellowship Baptist Church does not provide accident or medical insurance for any student participating in church sports or any other church activity. Coverage is not provided under Fellowship's policy.

Parent or Legal Guardian Signature:

_____/_____/2011