



**HIGH SCHOOL STUDENTS - DISTRICTS CONFERENCE**

This will be our second year taking our High School Students to Green Bay. This conference is run by the Forest Lakes District of the EFCA. Thousands of students gather for a weekend aimed at moving students towards a deeper walk with God and a greater understanding of how they can live for him now.

Greg Lynas  
 Pastor of Student Ministries  
 pastorgreg@hefc.net  
 214-274-9830

**MEET @ Hope Church: FRI, Jan 4<sup>th</sup> @ 4:00**  
**RETURN: SUN, Jan 6<sup>th</sup> around late afternoon**  
**Cost: \$110: A \$40 deposit is due to Greg Lynas by Nov 25<sup>th</sup> to hold your spot.**  
 (cost includes travel, lodging, entertainment and meals)

**Please fill out the form below and turn it in with your deposit.**

**Sign Me Up**

By joining us for this retreat, students agree to respect and follow the authority of church and camp leadership, obey all guidelines for the retreat both stated and implied, respect the rights of others, and attend all group meetings and meals. Students also agree not to bring any fireworks, alcohol, pornography, tobacco or drugs. If a student does not comply in these areas, we will not hesitate to call the student's parents to come and pick up their son or daughter.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in the DISTRICT CONFERENCE trip from JAN 4th through JAN 6th, 2019. I do hereby release, forever discharge and agree to hold harmless Hope Evangelical Free Church from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by the participant while participating in said retreat. Furthermore, I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in retreat activities involved therein. I further hereby agree to indemnify any participating churches, their directors, employees and volunteers for any liability sustained by any participating churches as a result of the negligent, willful or intentional acts of said participant. In signing, I do understand and agree that my deposit is nonrefundable. It is also understood that my student will obey all regulations and follow instructions or be sent home at my expense without refund of monies paid.

(parent signature) \_\_\_\_\_ Date \_\_\_\_\_  
 (student signature) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
 Best number to be reached at: \_\_\_\_\_  
 Medical insurance carrier: \_\_\_\_\_  
 Policy/Group #: \_\_\_\_\_  
 Other information to notify staff of (allergies/other health problems):  
 \_\_\_\_\_

I give permission to medical personnel to order x-rays, routine tests and treatment for my student's health in the event that he/she is in need of medical attention during the course of this trip. I give permission for her/him to be hospitalized and receive whatever treatment may be needed during this time.

Parent/Guardian signature: \_\_\_\_\_

**Media Release**  
 I authorize Hope E-Free Church to use photos or videos taken of myself or my family members for promotional purposes. At no time will these photos be used by unrelated organizations.

Parent/Guardian signature: \_\_\_\_\_