

SPRING BREAK AWAY 2020

MAY 1-3

Camp Hickory @ 26202 W. Nippersink Rd. Inglewood, IL

EARLY BIRD REGISTRATION DEADLINE is Thursday, March 26
REGULAR REGISTRATION DEADLINE is Thursday, April 16

- EARLY BIRD payment is \$105.00 if student is FULLY REGISTERED by 3/26/20 (Full registration includes a completed form and full payment.)
- REGULAR payment is \$115.00 if student is registered after 3/26/20.
- Payable by cash, check, or credit card.
- Make all checks payable to Belmont Assembly of God.
- Credit payments available with an added \$3 fee.
Payments may take up to 2 days to display on credit accounts.
Payments for SBA 2020 may not be used as a non-profit tax donation

TURN IN FORMS & PAYMENTS AT EXCEL FRONT DESK ON THURSDAY OR FRIDAY

Leaving from 6050 W. Belmont Friday May 1 @ 4:30PM

Returning Sunday May 3 at approximately 6:15PM

WHAT YOU NEED

Bible, Pen & Notebook, Bedding, Towel, Toiletries, Several sets of Clothes, & Gym Shoes
Please remember that space on the bus is limited.

Please limit yourself to **ONE BAG.**

Dear Parent/Guardian,

We want to take a moment to *thank you* for allowing us the opportunity to minister to your students every week at Excel Youth! We have been blessed by what God is doing in the lives of these teenagers and we look forward to 2020 with great anticipation as to what He has in store for all of us at Excel.

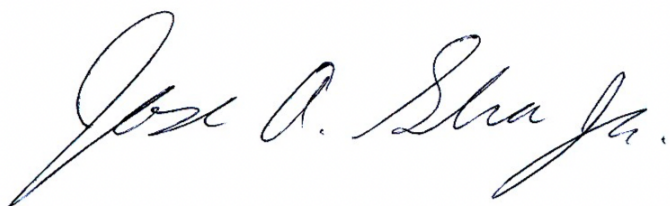
One of our main events that we are *very excited* to be hosting again is our annual Spring Breakaway Retreat. We will be taking our students and leadership team to *Camp Hickory in Ingleside, IL* (about one hour from the city) to enjoy a weekend of great services with powerful teaching, worship, fun games & competitions, small group time, and more. We will be leaving *Friday May 1 at 4:30PM* and returning *Sunday, May 3* at approximately *6:15 in the evening*.

As the pastor of this youth ministry I *strongly* feel that this retreat will be the most spiritually significant event we have planned thus far. *We want to be as bold as to suggest that you make this weekend the number one priority event for your teenager to attend this year.* Because our *registration spots and scholarship funds are limited*, we want to encourage you to sign up your teenager A.S.A.P. before space runs out. Please take advantage of our Early Bird prices, detailed on the front page.

Once again, we thank you for the opportunity to partner with you, the parent/guardian, in leading and guiding our young people in the ways of God. We can hardly express what great things He is doing in their lives every week at Excel, and we are SO excited for this upcoming Spring Breakaway 2020.

Serving YOUTH,

Pastor Joey Silva

A handwritten signature in black ink that reads "Jose A. Silva Jr." The signature is written in a cursive, flowing style with a long, sweeping underline.

BELMONT ASSEMBLY OF GOD PARENTAL PERMISSION & MEDICAL CONSENT

(Student) Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Email: _____ Grade: _____

Please CIRCLE the Compass Group your student attends: **LIONS** **BULLS** **EAGLES** **STALLIONS**

*If you are a Non-CG Leader: **ADMIN** **MEDIA** **SUPPORT STAFF**

The undersigned(s) being the parent(s) and/or the guardian(s) of the above child (The "Student"), hereby consents to the participation by the child in *Spring Breakaway 2020* conducted by Belmont Assembly of God (Organizer) and to the participation of the child in all events relating to the activity on *May 1 through May 3, 2020*. Please drop off and pick up your student from 6050 W. Belmont Ave., Chicago, IL. Registration includes **\$105/student** plus this **completed form, due by March 26, 2020** for Early Bird pricing. The price **after March 26** is **\$115.00**.

The undersigned hereby further authorize(s) any of the staff, employees, agent and representatives of organizer (Agent) to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, and provided by any physicians, dentist, nurses, or other persons whose services may be needed for such health care; review and if necessary discuss the consent of any medical record; and execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care includes but is not limited to the administration of anesthesia, X-Ray examination and performance of diagnostic and other procedures.

If there is no medical emergency, the Agent will first use reasonable efforts to contact the parent(s) and/ or guardian(s) before administrating or authorizing any treatment.

Notwithstanding other provisions in this consent form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedure for the child.

This consent form may be revoked at any time by written notice to Organizer, which notice shall contain the date and time of delivery to Organizer.

In consideration of this agreement, the parents/guardians release all volunteers, Belmont Assembly of God and all staff, employees, agents and representatives of Belmont Assembly of God from all claims of any kind whatsoever from the beginning of time to the end of said activity (including return of Child to his home after the activity) or revocation of this consent form, whichever occurs first, and that the release shall be valid and binding and insure for the benefit of the heirs, successors and assigned of both parties.

Parent/Guardian: _____ Date: _____

PLEASE COMPLETE MEDICAL RECORD FORM ON REVERSE SIDE

EXCEL YOUTH MEDICAL FORM

(Student's) Name:	(Student's) Cell #
(Student's) Date of Birth:	

PARENT/GUARDIAN INFO

Mother's Name:	Cell #
Father's Name:	Cell #
Parent(s) Address	

SECONDARY CONTACT

Name:	Relationship:
Home #	Cell #

MEDICAL/HEALTH INSURANCE INFO

(Student's) Doctor Name	
Doctor's Office Address	
Office Telephone	After Hours Telephone
Health Insurance Name	
Group or Policy Number	
Telephone Number	

HEALTH HISTORY

ANSWER YES OR NO TO THE FOLLOWING (EXPLAINING YES BELOW)

Sinus Conditions?		(Non-Food) Allergies?	
Lung Problems?		Asthma?	
High Blood Pressure?		Medical Care within the Past Year?	
Fainting/Dizziness?		Surgery within the Past Year?	
Shortness of Breath?		Take Prescription Medication?	
Skin Infections?		Any reaction to drugs or medication?	
Hearing Difficulties?		Exposure to infection/diseases within the past 3 weeks?	
Vision Problems (Other than basic glasses or contacts)?		Exposure to hepatitis within the past 6 months?	
Food Allergy / Dietary Concern?		Other Conditions?	
