

Winter Missions

Hub Ministry, Shreveport

Parents and Students,

Winter Missions is, January 3rd for grades 6-12.

We will depart @ 8:30am Saturday morning (1/3/15). Please be at the church and ready to load @ 8:20am.

We will return Saturday Night (1/3/15) @ 8:30pm.

The cost of Winter Missions is \$20 and includes all meals and activities.

If writing a check please make it payable to: "First Baptist Church Calhoun" and designate your check as "Youth Winter Missions."

TURN IN FORMS AND PAY BY SAT, JANUARY 3RD, 2015

Registration forms and money can be mailed or turned in at the church office, to Bro. Joey or Mrs. Rachel, or in the Youth Room on Sunday mornings, Sunday nights, or Wednesday nights.

Additional Registration forms can be found in the Youth Room or the church office.

Mail completed registration forms and check to:

First Baptist Church Calhoun

Attn: Winter Missions

2981 Hwy 80 West

Calhoun, LA 71225

Contact Joey Anwar @ 318-573-9580 or Rachel Anwar @ 318-560-8342

Student's name: _____
(First) (Middle) (Last)

Cell phone: _____

Parent/Guardian names: _____

Parent/Guardian contact number(s): _____

Parent/Guardian email: _____

T-shirts: What size adult t-shirt (please circle)? S M L XL 2XL 3XL

MEDICAL/PHOTO/VIDEO PERMISSION RELEASE FORM

First Baptist Church Calhoun *2981 Hwy 80 W. Calhoun, LA 71225*

*** Please attach a photocopy of each participant's insurance card. ***

PLEASE PRINT

Event: Winter Missions (Hub Ministry Shreveport)

Trip Date: January 3rd

Name: _____ Gender: _____ Age: _____ Grade: _____

Address: _____ City: _____ St: _____ Zip: _____

In case of an emergency notify: _____ Phone: (_____) _____

MEDICAL HISTORY & INSURANCE INFORMATION

Family Physician: _____ Phone: (_____) _____

Family Insurance Co. _____ Policy #: _____

Please attach a photocopy of participant's insurance card.

Date of last Tetanus: _____

Check all that apply:

- Asthma
- Sinusitis
- Kidney Trouble
- Heart Trouble
- Diabetes
- Other: _____

Allergies: (food, drugs, insect stings/bites, etc.) _____

Previous Operations or serious illnesses: _____

Any current medications you are taking (list): _____

Other: _____

PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, TRAVEL, AND INDEMNITY

My permission is granted for First Baptist Calhoun, or church official, or any First Baptist Calhoun leader or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my student. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials. I also grant permission for my child to ride with any designated adult leader. I understand that First Baptist Church Calhoun is not responsible for any injury or death that may occur while traveling or interacting during this event. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church Calhoun and all sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in activities.

Participant's Signature: _____ Date: _____

Parent/Custodial Signature: _____ Date: _____



THE HUB: URBAN MINISTRY

MISSION TRIP ITENERARY

- 8:30 – — Depart from church
- 10:00 – 11:00 — Breakfast and Bingo
- 11:00 – 12:30 — Lunch Break
- 12:30 – 1:30 — Pass out hot chocolate at the bus station
- 1:30 – 5:00 — Working in LoveWell, EatWell, and DressWell Centers
- 5:00 – 6:15 — Church service
- 6:15 – 6:45 — Help out in the Dresswell
- 7:30 – 8:30 — Leave and arrive home

IMPORTANT ADDRESSES AND PHONE NUMBERS:

The Lovewell Center
605 Cotton St.
Shreveport, LA 71101
The Hub #318-200-0517

****Meet at The Lovewell Center when you get to town for your orientation.**