



Hello Parents and High School Kids!

The Camp Fire has dramatically changed life for so many in our community. We have lost homes, cherished belongings, familiar places, patterns of life, and even loved ones. The road to recovery will be long, and Butte County will never be the same.

As followers of Christ, we have the opportunity to respond to crisis, suffering, and heartache with the hope and love of Jesus. In response to the Camp Fire, our Refuge teens have developed a desire to reach kids who were affected by the fire. Many children were directly affected by the fire, but all kids in our area were affected indirectly. Refuge plans to use “Operation Spring Breakout”—a spy-themed day camp held at the church—as a way to minister to these kids.

This service project will be largely led by our Refuge teens, and our BPC staff team is excited to come alongside and support these high schoolers as they minister to kids by providing a safe, fun environment. For some families, this may be the first time they come to church. Our hope is that their first experience will help them see the church as a community of safe, loving, welcoming people who represent the God of grace and truth.

Although we are not leaving town, we would like our team to experience the richness of community that a spring break trip generates. During the week, outside of the day camp, we will provide our high school participants with some special activities and quality time together.

Times like this call for being the hands and feet of Jesus, loving people in practical, tangible ways. We look forward to seeing the Holy Spirit inspire our friends at Refuge toward new ways to show His practical love. Thank you for your patience and willingness to respond to these unprecedented times in our county.

Matthew J Plotkin

Matt Plotkin (on behalf of the youth ministry staff)
Director, Youth Ministry
Bidwell Presbyterian Church
mplotkin@bidwellpres.org

Registration Form

Please complete pages 5-10 of this document. Return these pages to the BPC office or email them to jchristophersen@bidwellpres.org.

Operation Spring Breakout will be from 8:30 a.m.-noon on March 18-21 (Monday through Thursday). Leaders must be available from 8:15 a.m.-12:15 a.m.

Leader Commitments

1. Turn in registration by February 13th, 2019.
2. Attend the leader training on Saturday, March 16th, 2019 in the Fellowship Hall
3. Assist with camp setup on Sunday, March 17th from 3:00-5:30.
4. Fundraise to sponsor at least 2 kids (\$75 each).

Since we want all kids to be able to come, we have decided not to charge families for their children to attend. As a way to serve families affected by the fire, we are raising funds to sponsor kids to attend the day camp. Our tri-tip dinner fundraiser proceeds will contribute to covering costs, and we would also like to invite leaders to sponsor (at least) two children each. You can write letters to friends and family to help you do this, earn money through a job, come up with creative solutions to sponsor two kids to attend.

Participant Name (Please Print)	Participant Signature	Date
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Participant Email Address (Please print legibly)	Participant T-shirt size
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Parent Name (Please Print)	Parent Signature	Date
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Parent Email Address (Please print legibly)

Role Selection

Please number in order of your desired leadership role (1=first choice, 4=least preferred choice)

- Craft Leader:** Helps kids understand and complete craft projects as teams rotate through
- Snack Leader:** Prepares and serves snacks to kids as kids rotate through
- Rec Leader:** Gives game instructions and supervises recreation time as kids rotate through
- Small Group Setup:** Sets up the room for teams' small group time
- Team Co-Leader:** Travels with a team of approximately ten kids through each day's activities and leads small group time with team.

Questionnaire

1. Describe what motivates you to join us for this project.
2. Name an expectation or two that you have.
3. Have you ever worked with kids?
4. What hesitations do you have about participating in this project? What questions can we answer?
5. Tell us about your current relationship with God.

A few extra questions for those who went to Texas last year...

1. What is something positive you experienced in Texas last year?
2. What was the most difficult part of the Texas service trip for you last year?
3. What is something that you think could be changed to make for a better experience this year?

Bidwell Presbyterian Church
YOUTH MINISTRIES MEDICAL INFORMATION FORM

TODAY'S DATE: _____ STUDENT'S GRADE: _____

STUDENT'S LAST NAME: _____ STUDENT'S FIRST NAME: _____

EXPECTED YEAR OF GRADUATION: _____ GENDER: M / F D.O.B.: _____

SCHOOL: _____ STUDENT EMAIL: _____

PRIMARY ADDRESS, CITY, ZIP _____

PRIMARY HOME PHONE: _____ STUDENT CELL: _____

EXTRACURRICULAR ACTIVITIES: _____

MOM/GUARDIAN NAME: _____ DAD/GUARDIAN NAME: _____

MOM CELL PHONE: _____ DAD CELL PHONE: _____

MOM EMAIL: _____ DAD EMAIL: _____

HEALTH HISTORY

Allergies (including allergies to food, insect/bee stings, medications, etc.): _____

Conditions (including heart conditions, recurring illness such as cold or upset stomach, chronic asthma, diabetes, hay fever, epilepsy, physical handicap, etc.): _____

If you checked any of the above, please give details (including warning signs, symptoms, and normal treatment for allergic reactions or recurring conditions): _____

Has student had all school-required vaccinations? Yes No Date of Last Tetanus Shot: _____

Name and dosage of any medications that must be taken: _____

Please list any swimming restrictions or other activity restrictions. If none, please write N/A: _____

INSURANCE INFORMATION

Health Insurance Company: _____ Phone No.: _____

Policy Number: _____ Group Number: _____

Dental Insurance Company: _____ Phone No.: _____

Policy Number: _____ Group Number: _____

NON-PARENT EMERGENCY CONTACTS

In an emergency and parent/guardian cannot be reached, please contact:

1) Name: _____ **Relationship to Minor:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Name: _____ **Relationship to Minor:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bidwell Presbyterian Church
YOUTH MINISTRIES RELEASE FORM
AUTHORIZATION FOR MEDICAL TREATMENT

As the parent or legal guardian of _____ (“Minor” or “Student”), each of the undersigned gives his or her authorization and consent for the Bidwell Presbyterian Church of Chico, California (the “Church”) and the Church’s adult employees, agents, and volunteers (collectively with the Church, the “Bidwell Parties”) to seek, authorize, and consent to such medical or dental care (“Treatment”) for the Minor as any one or more of the Bidwell Parties may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the country, state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. This Authorization for Medical Treatment Form may be photocopied and the photocopy shall be as valid as an original copy.

Each of the undersigned acknowledges and agrees that the Bidwell Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of the Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the Bidwell Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Bidwell Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: * _____ Signature: _____ Date: _____
Name: * _____ Signature: _____ Date: _____

** Note: Each person who has legal custody of the Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of the Minor.*

CONSENT/INDEMNITY/RELEASE AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE PARTICIPATING STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above, hereby give my permission for the student to participate in any program or event occurring up to two (2) years from the date of the signature, and to be transported to, from, and during the events in any vehicle designated by an employee or volunteer (an “Agent”) of Bidwell Presbyterian Church of Chico, California (the “Church”). I understand the Church will make every effort to provide a safe environment for the participating youth.

In consideration of the student being allowed to participate in the Program:

1. I agree to indemnify, defend, and hold harmless the Church and the Agents (collectively, the “Bidwell Parties”) from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Bidwell Party and that arise out of or result from the Student participating in the Program.
2. I hereby release, waive, and forever discharge the Bidwell Parties from liability for any bodily injury, emotional or mental harm, personal injury, illness, death, or property damage suffered by any person that arises out of or results from the Student’s participation in the Program, whether or not caused, in whole or in part, by the negligence of a Bidwell Party. I make the foregoing release and discharge, and covenant not to sue or commence arbitration on behalf of myself, any other parent or legal guardian of the Student, the Student, and the heirs, executors, administrators, and assigns of each of the foregoing.
3. I understand and agree that the Student may be sent home at my expense if an Agent determines that the Student has engaged in disruptive behavior or broken any rules at any time during an Event.

Name: * _____ Signature: _____ Date: _____

PUBLICATION RELEASE

By checking this box, I indicate that I do **NOT** give Bidwell Presbyterian Church staff permission to use my child’s photo on the BPC website, youth Facebook page, youth Instagram account, and/or printed publication.

Bidwell Presbyterian Church Authorization to Release Personal Records

I, the undersigned, give my authorization to Bidwell Presbyterian Church and its representatives to release any and all records or information related to working with minors. The Church may contact appropriate government agencies as deemed necessary in order to verify my suitability.

I understand that a nationwide background check will be performed before I can work or volunteer in any capacity at Bidwell Presbyterian Church.

I agree to be bound by the bylaws and policies of Bidwell Presbyterian Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

First Name: _____ Middle Name: _____

Last Name: _____

Alternative/First Name: _____

Alternative/Maiden Last Name: _____

Social Security Number: _____ Date of Birth: ____ / ____ / ____

Current Address: _____

City _____ State ____ Zip _____

I am submitting this application in order to join _____ ministry.

Signature: _____

Date: ____ / ____ / ____

Witness/Interviewer Name: _____

Witness/Interviewer Signature: _____

Date: ____ / ____ / ____

* Please note that you social security number is required in order for us to run a background check. Bidwell Presbyterian Church shreds this document after receiving the results of your background check.