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refuel:2022

March 3 - 6, 2022

@ FBC Blue Springs

4500 Little Blue Parkway, Independence, MO

Parent Meeting February 20

Refuel is a weekend experience for all students in grades 6-12 . We will be meeting Thursday, Friday, Saturday, and Sunday for high energy worship, teaching, games, competitions, small group discussion with amazing leaders and friends.

This year students will NOT be staying in Host Homes.

We will meet at the church:

- Thursday Night: 6:30 pm - 8:00 pm
- Friday Night: 6:00 pm - 10:30 pm
- Saturday: 11:00 am - 9:30 pm (lunch and dinner provided)
- Sunday: 9:00 am - 11:45 am (breakfast provided)

This cost is \$55 for regular attending students and only \$25 for first time friends that join us because **we want you to bring EVERYONE!** The cost covers your Refuel Shirt, Refuel Activities, meals, and more!

**Registration forms and payments are due by February 20 at the Parent Meeting in The CORE from 12-12:30 pm.

YOUTH MINISTRY EVENT WAIVER | 2022

In consideration of the attendance of my child at Refuel Weekend, and for allowing my child to participate in this activity, I do hereby release and discharge First Baptist Church Blue Springs and all of its pastors and adult leaders acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of any injury sustained by my child during said above name activity. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant. If any conduct of the participant warrants them to be excused from participation in the event. I assume all responsibility for disciplinary action and picking up my child upon being notified by the youth pastor.

STUDENT INFORMATION

Name: _____

Address: _____

City/Zip: _____

Guest Of: _____ *(We are excited to meet you!)*

Parent's Cell: _____

Age: _____ 2021-22 Grade: 6 7 8 9 10 11 12

Gender: Male / Female Shirt Size: AS AM AL AXL AXXL

Parent's Name: _____

Parent's Signature: _____

Parent Email: _____

Emergency Contact (Other than Parent):

Emergency's Contact Phone Number: _____

Health Insurance Company:

Insurance Company Address:

Policy Number: _____

Group Number: _____