



***Join a couple of thousand students for a weekend
of worship and learning more about sharing your faith!***

**Sunday & Monday, January 20th - 21st
Falls Creek Baptist Conference Center
We'll leave after church Sunday morning,
and be home Monday evening**

YEC BREAKOUTS

How Bring It Up without Throwing Up – “Learn to Bring up the Gospel Smoothly”
The Lion’s Den – “Responding to common notions made towards Christianity in a Godly way”
Be About It – “How to Move from Talking about Sharing your Faith to Actually Doing It”
Campus Outreach – “Reaching Your School”
Inviting with Excellence – “How to be intentional in inviting your friends”
Leveraging Talent – “How to Use and Develop your Talents as Gospel Platforms”
Confidence – “How to Overcome Fear and Share the Gospel with Confidence”
Brilliant! – “Discovering the potential you may never even knew you had.”
What Now?? – “How to be Ready to Share the Gospel on a Short Term Mission Trip”
Conversational Evangelism – “How to Share the Gospel through Natural Conversations”
Salvation 101 – “Before you lead your friends to Jesus, know what it really means to follow Jesus.”
The Gospel and Children – “Learn how to share the Gospel with kids effectively and responsibly”
Evangelism Endurance – “How to Keep your Passion to Share your Faith”
Disciple Me! – “Advancing the Kingdom. Making disciples.”
Social Media Outreach – “The Good News Of Likes Followers Tweets & Streaks”
Evangelism Encounter – “A Role Playing Experience to Start/Strengthen your Gospel Plan”

**Early Registration starts Sunday, Nov. 18th
\$50 per person; sign up with a \$20 deposit**

**After December 16th, \$60 per person
Deposit is non-refundable after Dec. 30th
Balance and forms due January 13th**

***Students who go to YEC can go to United for \$30 - that’s half off!
Spaces are limited - sign up today!***



GOD | FAMILY | PEOPLE

Falls Creek 2019 Child Release and Waiver of Claims Form

Group: Eagle Heights OKC Cabin: Thompson Lodge
Participant Name: _____ Age: _____ Grade this fall: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Student E-mail: _____
In Emergency Notify: _____ Relationship: _____
Home Phone: _____ Cell or Work Phone: _____
Secondary Emergency Contact: _____ Phone: _____

1. Does participant have any known allergies or are they unable to take any medication? ___ Yes ___ No
If yes, what? _____
2. Does participant presently take any medications regularly? ___ Yes ___ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know about: _____

4. Date of last tetanus immunization: _____
5. The above named child has current medical insurance coverage through:
Insurance Company: _____
Name on Insurance Policy: _____
Insurance Company Phone Number: _____ Policy Number: _____
6. Does your insurance company require notification prior to emergency health care at a hospital?
If yes, Phone Number: _____

It is the responsibility of your child's group leadership to obtain insurance permission for treatment or to limit your child's recreational activities because of a stated medical condition.

My child, _____ will be coming to Falls Creek. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). I will not be coming to Falls Creek with my child. In the event that my child should need emergency medical care or attention, the BGCO or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that the BGCO is not responsible for the action of these third party contractors. I further agree that the BGCO is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend Falls Creek, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the BGCO, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the BGCO, its agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the BGCO or its agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made at Falls Creek. I understand that a promotional or highlight video may be available for sale from Falls Creek. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the BGCO, its staff or its agents to inspect my child's belongings while at Falls Creek.

I understand that Falls Creek is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their time at Falls Creek.

I have received and read the Parent Information about Falls Creek including the list of the recreational options and I have received satisfactory answers to all my questions about such information.

Signature: _____ Relationship to child: _____ Date: _____

All students attending Falls Creek must have a parent fill out this release form and turn in this release form on the first day at registration.

Eagle Heights Church Student Ministry
Medical Authorization and Release of Liability
Please type or print only

Name

NAME _____ PHONE _____
ADDRESS _____
BIRTH DATE _____ PARENT/GUARDIAN _____
IN EMERGENCY NOTIFY _____ PHONE _____
ADDRESS _____
INSURANCE CO. _____ POLICY # _____
FAMILY PHYSICIAN _____ PHONE _____

Check if you have or have had any of the following; use the back to give any details.

_____ Seizures	_____ Tuberculosis	_____ Frequent Earaches
_____ Chicken Pox	_____ Cystic Fibrosis	_____ Frequent Sore Throat
_____ Scarlet Fever	_____ Cerebral Palsy	_____ Asthma
_____ Polio	_____ Surgery (please explain)	_____ Frequent Headaches
_____ Rheumatic Fever	_____ Diabetes	_____ Kidney Disorder
_____ Heart Disease	_____ Muscular Dystrophy	_____ Hearing Problems

Last Tetanus Shot _____ List any past serious injuries _____

List current medications _____

List any physical restrictions, allergies, etc. _____

IMPORTANT: If a medical emergency should arise while the above named is participating in any Eagle Heights Church activity, and I cannot be contacted, I hereby give permission to any sponsor of that activity to select a physician, hospital and/or clinic for his or her care. I also give the physician, hospital and/or clinic, as selected by said sponsor, my permission to hospitalize, treat and order injections to meet the needs of the above named. I will assume responsibility for any and all bills arising from said treatment(s).

In consideration of the permission extended to the above named to participate in the activities of Eagle Heights Church, I hereby release and hold harmless all employees, staff members and sponsors of Eagle Heights Church of and from any and all manner of action and causes of actions, judgments, executions, debts, claims and demands of every kind and nature whatsoever which against them I have had or now have of which I or my heirs, executors or administrators have now or may hereafter have by reason of the above named participation in Eagle Heights Church activities, as well as any other operations incident thereto. By signing today, I declare that the information provided is accurate, and the terms of the herein release have been completely read, and are fully understood and voluntarily accepted.

THIS RELEASE EFFECTIVE FOR CALENDAR YEAR 2019

SIGNATURE _____ RELATIONSHIP _____

DATE _____ DAYTIME PHONE _____

NOTARY SIGNATURE _____ MY TERM EXPIRES _____

THIS FORM MUST BE NOTARIZED
STUDENTS OVER 18 MAY SIGN WITHOUT A NOTARY