

**DISTRICTS**

JANUARY 4-6, 2019

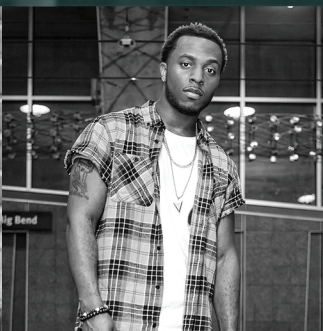
# A STORY WORTH LIVING

KI CONVENTION CENTER | GREEN BAY, WI



**REID KAPPLE**

KEYNOTE SPEAKER



**FLAME**

SAT. CONCERT



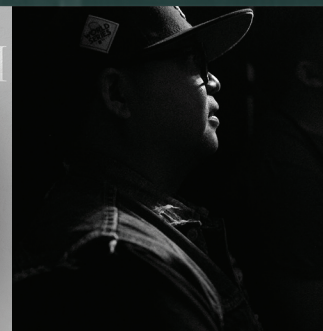
**DAVID BOWDEN**

SPOKEN GOSPEL



**BROTHER SISTER**

WORSHIP BAND



**DJSP**

HOUSE DJ

  @districtsync

# DISTRICTS CONFERENCE

FOR STUDENTS IN 9TH-12TH GRADE

## SCHEDULE – January 4-6, 2019

Drop Off – 12:30PM Friday, January 4<sup>th</sup>

Please talk to your parents/guardians and your school ahead of time so you can be excused halfway through the school day. It is a long drive to the convention center so we unfortunately cannot wait until the school day is over. We need to have the buses loaded and leave by 1:00PM.

Pick Up – 5:00PM Sunday, January 6<sup>th</sup>

## CONFERENCE LOCATION & CONTACT PERSON

KI Convention Center 333 Main St, Green Bay, WI 54301

If there is an emergency or you have an urgent need to reach a staff member while we are at the conference, please call or text **Joshua Skoyen at (715) 533-3620** or **Jordan Hurlburt at (715) 495-8067**.

## WHAT TO BRING

• SLEEPING BAG AND PILLOW	• BIBLE, NOTEPAD AND PEN
• WINTER COAT, GLOVES, HAT	• COMFORTABLE SHOES
• CLOTHING FOR 3 DAYS	• DEODORANT
• SLEEPING ATTIRE	• SHAMPOO AND BODY WASH
• HAIR PRODUCTS	• GLASSES, CONTACTS AND SOLUTION
• TOOTHPASTE AND TOOTHBRUSH	• WATER BOTTLE
• CAMERA	• MEDICATIONS

## WHAT NOT TO BRING

- CELLPHONE, IPOD, TABLET, LAPTOP OR ANY OTHER ELECTRONIC DEVICE
- KNIVES OR ANYTHING THAT LOOKS LIKE A WEAPON

## COST - \$170

**Please bring an additional \$25 to cover meals.** There will be vendors available if you want to purchase any extra resources, clothing or snacks.

## REMEMBER

// You will not be allowed to go on the trip unless we have forms and full payment. //

// We will not be accepting forms after November 28<sup>th</sup>. //

FORMS AND PAYMENT ARE DUE NOVEMBER 28TH

# CONSENT AND RELEASE FORM

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (completing): \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Home Contact Address: \_\_\_\_\_

Emergency Backup Contact (different from above): \_\_\_\_\_

Dietary Preference:  Vegetarian  Vegan  Gluten-Free Name, Number Other: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

**For Overnight Events** - Choose up to 3 friends you would like to have in your cabin. We guarantee you will be with at least 1 of them.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## NOTE TO PARTICIPANTS/PARENTS-GUARDIANS:

Jacob's Well wants you and your child to have a safe and healthy experience. However, in the event of an accident or illness, it is important that we have the following information.

Any allergies or other medical needs? \_\_\_\_\_

Limits to activities: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I understand that my student will be riding in a vehicle with a qualified youth leader.**

## INDEMNITY AND CONTACT AGREEMENT:

I will not hold or attempt to hold Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Jacob's Well, its agents and employees, and will indemnify and hold Jacob's Well harmless from any liability for damages or claims against Jacob's Well arising out of, or in any way related to any such loss, damage, or injury.

I release Jacob's Well, including its trustees, employees, and agents, from my child's or my own physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

## AUTHORIZATION FOR TREATMENT:

In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by Jacob's Well to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

I verify that I, or child named above, is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me or my child while attending a Jacob's Well activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance.

I hereby grant Jacob's Well permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child or I without compensation or approval, for use in materials created for purposes of promoting the activities of Jacob's Well, including the internet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

