



Dear Parent,

This letter is regarding your child attending the Wednesday night BAX (Be An eXample) program. Beginning September 7, 2011, I will pick up the North Gwinnett Middle School kids right after school on Wednesday afternoons. We will then come to the church for the BAX (Middle School only) youth program, which will be Outreach oriented. Outreach means that the kids have a perfect opportunity to invite non-churched friends that may not otherwise attend a church event. The schedule is as follows...

- 4:05 - 4:10 Pick up from North Gwinnett MS
- 4:10 - 1<sup>st</sup> Bus call **bus #99**
- 4:15 - 4:20 Dinner money collection
- 4:20-5:20 Study Hall/Group Game time
- 5:20-5:25 "Jesus Loves You" talk (outreach minded)
- 5:30-6:30 Dinner at Shadowbrook (cost is \$4 unless 1<sup>st</sup> time visiting)
- 6:30-6:45 Game time with large group
- 6:45 -7:30 Bible study time with large group (bring your Bible)
- 7:35 You may pick your child up now

If you have any questions please feel free to call the church office at any time (770-945-1524). I am looking forward to serving with you and your family through this ministry at Shadowbrook.

Serving in Him,

Terry Gross  
 Minister to Middle School Students  
 Shadowbrook Baptist Church  
 Office: 770) 945-1524  
 Cell: 404) 863-0834

By signing this you are releasing North Gwinnett Middle School (NGMS) and parties related to NGMS and SBC from any type of liability. This permission slip must be filled out in order for your child to be a part of this after school program.

Permission given for \_\_\_\_\_ to be transported to Shadowbrook on bus  
 (student's name)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (parent/guardian)

Home # ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_ Member of SBC (Yes) (No)

(Insurance Form Below **MUST BE FILLED OUT** unless one is already on file in Stud. Min. Office)



# STUDENT MINISTRY INSURANCE FORM FOR STUDENTS FOR 2012

- The information below will be used only in case medical attention is needed for your student.
- Emergency Contact Information will be requested on Registration Forms signed at the time of each activity.
- Your student may still participate without insurance.

Student's Name: \_\_\_\_\_  
(please print)

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
(mon/day/year)

Address: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have medical insurance for your child?  Yes  No If yes, please complete the following:

**Insurance Information:**

Name of Insurance Company: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Card Holder's Name and Date of Birth: \_\_\_\_\_

Employer of Primary Card Holder : \_\_\_\_\_

**Please attach a copy of your student's insurance card (front & back) to this completed form.**

**Medical Information**

- Allergies \_\_\_\_\_
- Diagnosed conditions (physical & emotional): \_\_\_\_\_
- Current Medications being taken: \_\_\_\_\_

**If additional space is needed, please use the back of this form.**

**By my signature below, I give Shadowbrook Baptist Church and the person in charge permission to seek medical attention for my student if I am unable to be reached.**

Name of Parent or Guardian (please print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_