

**Registration Form - Hephzibah / Kilpatrick Baptist Association**  
**West Virginia Mission Trip July 8-14, 2023**  
**Kilpatrickbaptist.net**

**Registration Deadline June 1, 2023**

**All fees/payments due before June 8, 2023**

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_

Sponsoring Adult Name for Participants under age 18 \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact person & phone # \_\_\_\_\_

Church \_\_\_\_\_

Area of desired participation (Check area and circle the role in that area. Preference -1,2,3, and circle the role which you are interested in that area. Please be flexible and willing to serve in some other area if we need you to do a different job.)

\_\_\_\_\_ Mission VBS

\_\_\_\_\_ Preschool (Includes Bible/Mission Study Leader and Helper)

\_\_\_\_\_ Children 1-3 grade (Includes Bible Study Leader, Mission Study Leader and Helper)

\_\_\_\_\_ Children 4-6 grade (Includes Bible Study Leader, Mission Study Leader and Helper)

\_\_\_\_\_ Youth (Includes Bible Study Leader, Mission Study Leader and Helper)

\_\_\_\_\_ Adults

\_\_\_\_\_ Refreshments (May also be asked to help with cooking.)

\_\_\_\_\_ Recreation

\_\_\_\_\_ Music

\_\_\_\_\_ Crafts

\_\_\_\_\_ Construction - Please list your construction skills \_\_\_\_\_

\_\_\_\_\_ Cooking Team (May also be asked to help with refreshments.)

**Specialty Teams:** \_\_\_\_\_

Housing need \_\_\_\_\_

Food Allergy \_\_\_\_\_

**Cost** - \$250 non-AC; \$280 – AC\*

\$50.00 Deposit due with registration.

The remaining \$200.00/\$230.00 is due by June 8, 2023

Each participant must provide their own linens for the week.

\*AC dorm priority will be given to senior adults and those with medical needs. The remainder of the rooms will be first come, first served with all monies and paperwork turned in to KBA.

Youth group chaperones must stay with their group – minimum 1 chaperone / 6 youth

**Please complete and submit Registration, Medical, Dress Code and Background Check Information Forms by deadline.**

Online Registration – kilpatrickbaptist.net (you will receive confirmation email within 72 hrs)

Mail all documents to: Kilpatrick Baptist Association P.O. Box 895, Thomson, Ga. 30824

# Medical Permission & Treatment Release Form

## Hephzibah/Kilpatrick Baptist Associations

Kilpatrick Baptist Association, P.O. Box 895, Thomson, GA 30824, 706-595-5324

<http://www.kilpatrickbaptist.net/>

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Include a copy of the front and back of your insurance card, staple it to this form.**

### IMMUNIZATIONS

Tetanus       Polio Booster       Measles       Mumps  
 Other: \_\_\_\_\_

### PAST MEDICAL HISTORY

Asthma       Sinusitis       Bronchitis       Kidney Trouble  
 Diabetes       Heart Trouble       Dizziness       Hay Fever  
 Other: \_\_\_\_\_

### Allergies

Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Poison Sumac, Oak, or Ivy: \_\_\_\_\_

Previous Operations or Serious Illness: \_\_\_\_\_

### Childhood Diseases

Chickenpox       Mumps       Whooping Cough       Measles  
 Other: \_\_\_\_\_

Adult (Age 18 or over) or Parent or Guardian (minor, age 17 and under)

I grant my permission to the Hephzibah /Kilpatrick Baptist Associations to obtain necessary medical attention in case of sickness or injury, as well as supervision rights to

**Tim Batchelor, Hephzibah/Kilpatrick Baptist Associational Missionary.**

I, the undersigned, do hereby verify that the above information is correct. I do hereby release and forever discharge all sponsors at the Hephzibah /Kilpatrick Associations from any and all claims, demands, action, or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in any activity.

**The application date for this form is July 8-14, 2023**

This \_\_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year).

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

### PHOTO RELEASE

I grant permission for the Hephzibah /Kilpatrick Baptist Associations to publish photos of the mission trip in which I will participate from July 8-14, 2023 in press releases, publicity information, reports, newsletters or bulletins. I understand that if I give notice to the Associations that I object to any particular picture; it will not be used.

SIGNATURE: \_\_\_\_\_