

Registration Form - Hephzibah / Kilpatrick Baptist Association
West Virginia Mission Trip July 12-18, 2025
Kilpatrickbaptist.net

Registration Deadline May 22, 2025 All fees/payments due before June 12, 2025

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.)

- _____ Preschool (Indicate Bible/Mission Study Leader and/or Helper)
- _____ Children 1-3 grade (Indicate Bible Study Leader, Mission Study Leader and/or Helper)
- _____ Children 4-6 grade (Indicate Bible Study Leader, Mission Study Leader and/or Helper)
- _____ Youth (Indicate Bible Study Leader, Mission Study Leader and/or 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.)

Housing Need _____

Food Allergy _____

Cost - \$260 non-AC; \$300 – AC*

\$50.00 Deposit due with registration. **We can accept the monies in smaller increments between now and June 10th to meet your budget needs.**

The remaining balance is due by June 12, 2025

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 at kilpatrickbaptist.net is only for the initial registration form. The rest of the necessary paperwork will be emailed to you within a few days.

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

Email all documents to: kbaassistant@yahoo.com (Be aware of potential security issues when choosing to email your medical and background check permission forms.)

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 12-18, 2025

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 12--18, 2025 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: _____