

PLEASE PRINT OFF THIS FORM AS ONE PAGE (FRONT AND BACK) AND FILL IT OUT.
IT MUST BE TURNED IN AT THE BEACH WEEK 2026 MEETING ON SUNDAY, MAY 17TH.

New Beginnings Lakeside Church 2026 Permission for Attendance & Emergency Treatment

NAME _____ DATE OF BIRTH _____

ADDRESS _____

Medical Insurance Company and Policy/Group# _____

MEDICATIONS REGULARLY TAKEN _____

ALLERGIES _____

HEALTH PROBLEMS _____

PERSON TO BE CONTACTED IN EMERGENCY _____

Name

Address _____

Cell Phone _____

Work Phone _____

ALTERNATE PERSON TO BE CONTACTED IN EMERGENCY _____

Name

Address _____

Cell Phone _____

Work Phone _____

I, being a person authorized by law to give such permission, do hereby give my permission for the person who is the above-named subject of this form to go on activities with New Beginnings Lakeside Church/New Beginnings Christian Fellowship/ New Beginnings Lakeside Church/New Beginnings Christian Fellowship Youth, College & those leaders in association with these organizations. I also give my permission for emergency medical treatment to be given to the person who is the above-named subject of this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release the New Beginnings Lakeside Church/New Beginnings Christian Fellowship, New Beginnings Lakeside Church/New Beginnings Christian Fellowship Youth, Youth Minister, Pastors, Elders and Leaders, and all persons associated with these organizations from any liability associated with any accident, injury or disease (COVID 19 or other) to the person who is the subject of this form.

SIGNATURE of subject of form if 18 or over/ Otherwise, parent/guardian

STATE OF INDIANA/ STATE OF ILLINOIS/ STATE OF _____ COUNTY OF _____,

TO-WIT:

I, a qualified Notary Public, in and for the County aforesaid, hereby certify that the person whose signature appears above did, on this date, appear before me, and, after being duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence.

Date document executed: _____

Notary Public

MY COMMISSION EXPIRES: _____ INCLUDE SEAL PLEASE!

Rules

Discipline: Persons attending Beach Week are expected to behave and cooperate. The director has the right to send any person, who does not cooperate or is a disrupting influence, home at any time.

Room Care and Facility Care: Garden City Chapel is a wonderful Retreat Center and should be kept clean and orderly at all times. Marking on walls, damage to property, etc is prohibited. Willful damage will be paid for by the occupying group if individuals are not caught.

Bath Rooms: These are to be kept clean and in sanitary condition by the occupying group. Please do not put foreign objects in toilets. Defects in the equipment or lack of supplies are to be reported to the director.

Kitchen: The kitchen is to be kept clean. All trash should be disposed of properly following meals and snacks. Small Groups will have help duties at various times in the Kitchen.

Allergies and Medication: All allergies to food, stings and medication must be reported upon registration.

Scheduled Sessions: This Week has been prepared for you. Therefore, it is imperative that you:

- 1) Attend all planned sessions and activities.
- 2) Be on time (Keep your program book handy)
- 3) Be prepared.

Grounds: No one is permitted to go off the property for any reason without the express permission of the Leadership.

Littering: Please place trash in the appropriate containers.

Respect of Others: Please be considerate of others by respecting others and their property. No one is permitted to bother, in any way (especially practical jokes), anyone's property and belongings.

PDA: Personal displays of affections are to be hand holding only. Couples must refrain from kissing & making out. Also refrain from using one blanket together while traveling.

Body Alterations: While on this event participants are not permitted to acquire tattoos, body piercings or body alterations of any form. Decisions of this nature require parental guidance and presence.

What Not to Bring: Drugs (unless medications), Alcohol, Firearms, Knives, Fireworks, Pets, Tobacco products, Pornographic Material, Poor Attitude.

Personal Media Devices and Cell Phones: Please limit the use of personal media devices and Cell phones to free time during the week. These items can be used while traveling, during free time and in case of emergencies (regarding cell phones). These items should be put away during Alone with God Time, during group Worship and Small Group times, and group sessions.

Youth: I have thoughtfully read and considered all the rules for this activity. I agree that I will do my best to uphold them and to help others experience a wonderful week by my actions.

Name: _____

Parent: I have thoughtfully read and considered all the rules for this activity and agree to support the process and discipline by offering to come and take my child home at any time if he/she becomes a disruptive force.

Name: _____