

Encounter Conference 2018

Conference Information

COST: \$170.00 (Not including food & spending)

REGISTRATION - Payment along with registration, medical release, and conduct forms are due, **Sunday, February 20,**

WHEN: February 27-28, 2020

WHERE: The Father's House, Vacaville CA.

DROP-OFF/PICK-UP TIMES: Please have your student at the church (2025 E. Prater Way) and ready to go by 1:00pm on Thursday, Feb. 27. We will be leaving at approx. 1:30 and arriving in Vacaville around 4:00pm. We will leave Vacaville at 9:30pm on Feb. 28 and arrive at the church around 1am. Please pick up your student between 1am-1:30.

** Please note, pick-up times are subject to change. We will have students call ahead of time so you can adjust your schedule accordingly.*

WHAT TO BRING:

- Bible
- Pen/Pencil
- Clothes
- Toiletries...(anything you need to be squeaky clean)
- Food/Spending Money (enough to cover 5 meals)
- A good attitude! God has so much in store for you!

WHAT NOT TO BRING:

- Ipods, DVD players, laptops, or any other media playing device
- Alcohol, drugs, etc.
- Guns or knives

Encounter Conference Conduct Agreement

I (Parent/Guardian name) _____ am sending my child, _____ to the Encounter Conference in Vacaville, Ca. February 27-28, 2020.

I agree to leave them under the care, supervision and responsibility of the Horizon Christian Church Agents (Youth Pastors, Volunteers, and Ministry Students).

I agree that the Youth Pastors of Horizon Christian Church have the right to discharge my child from the conference in the event that my child becomes unruly or is a disruption to the conference and those that are attending the conference.

I understand and agree that the discharge of the student from the conference will be at the discretion of the Youth Pastors (Joshua and Liana Knudsen).

I understand and agree that I will pick my child up from Vacaville, CA., *immediately* and that there will be no refund for the conference.

I understand and agree with the following conference guidelines that have been set for my child while attending the Encounter conference.

- 1. The student will stay in his/her room after curfew.**
- 2. The student will keep his/her body pure and free from any kind of sexual contact.**
- 3. The student's person, baggage, and possessions will be free from weapons of any kind, and any illegal substance or legal substances (cigarettes, prescriptions drugs that were not prescribed to me). Baggage is subject to check at any given point during Encounter 2018.**
- 4. The student will give all prescription drugs to his/her room leader.**
- 5. The student will only enter rooms with persons of the same gender.**
- 6. During the conference the student will refrain from television or secular music in order to have a clear mind to receive all that God has for him/her.**
- 7. The student will refrain from all PDA (holding hands, hugging, kissing, sitting on laps, etc.).**
- 8. The student will respect the authority of the Youth Pastors, 418 staff, parent volunteers, HSM students, and leadership of the conference.**
- 9. The student will refrain from using foul language or off-colored jokes.**
- 10. The student will stay with his/her group.**
- 11. I also understand and agree that other guidelines may be added due to any unforeseen situations.**

Parent Signature: _____

Student Signature: _____

Encounter Registration & Health form

(PLEASE PRINT)

PARENT NAME _____

CHILD'S NAME _____

AGE _____ DATE OF BIRTH _____

ADDRESS _____ ZIP _____

PHONE NUMBERS:

Mother (Home) _____ (Work/Cell) _____

Father (Home) _____ (Work/Cell) _____

Email Address _____

If your child has specific needs (learning disability, handicaps, allergies), please indicate below:

Please list any and all medications your child is taking, including dosage:

EMERGENCY CONTACT INFORMATION:

Name _____

Phone _____

Health Insurance Company _____

Policy No. _____

Family Physician/Clinic _____ Phone _____

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In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness. In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian _____

Phone Number _____ Date _____

ENCOUNTER MEDICAL CONSENT, PERMISSION/RELEASE

I, _____, the parent/legal guardian of _____, authorize the employees, representative and chaperones of Horizon Christian Church to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in Encounter Youth Conference, 2020.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name _____

Phone Number _____

Name _____

Phone Number _____

I consent and give permission for my child's participation and attendance in this Encounter Conference 2020 and transportation to Encounter Conference 2020 and other locations regarding to the conference by agents, volunteers, and employees of Horizon Christian Church. In consideration of my child's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against Horizon Christian Church, their representatives, chaperones, and employees, arising out of any and all injuries by my child while participation in Encounter Conference, 2020.

Date ____/____/____

Parent/Guardian Signature: _____