

# Permission Form

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Age \_\_\_\_\_ School \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact Information \_\_\_\_\_  
Phone \_\_\_\_\_ Extra Phone \_\_\_\_\_  
**Any specific information needed for the trip:** \_\_\_\_\_

## Resurrection 2018

Cost—Cost is \$100.00 IF you get your \$50.00 deposit in by by: Dec. 31, 2017. Otherwise a late fee of \$25.00 will be added. To bring your total to \$125.00. So be sure to get your deposit in by Dec. 31, 2017

Rachel Billups  
I Am They



**Powell Church**

Contact Info:

Doug's Cell Phone: 679-6870  
Billy's Cell Phone: 776-2949

Email: [OB1Rob@hotmail.com](mailto:OB1Rob@hotmail.com)

**Powell Church**



**Resurrection 2018**



**Total Cost: \$100.00\*\***

High School & Middle School

**Powell United Methodist Church**  
323 W. Emory Rd  
Powell, TN 37849

Church: 865-938-2741  
Doug's Cell: 865-679-6870

## Cost for the Convention

Deposit—\$50.00      Due: Dec. 31, 2017  
Trip Date: Jan. 19—21

Cost \$100.00 if deposit is paid by Dec. 31.  
\$125.00 if you pay your deposit after that date.  
All meals will be eaten out. Bring whatever it takes for you to eat:

- Two Suppers
- Two Lunches
- Two Breakfasts

We like to eat together—so be prepared to compromise. Some snacks will be provided for the weekend. Any extra money you will need to bring.

## Schedule

### Friday, Jan 19

- 4:00 — leave the church
- 5:00 — Arrive at hotel
- 7:00 — Attend session
- 10:00 — Go back to hotel
- 11:30 — Lights Out

### Saturday, Jan 20

- 8:30 — Breakfast
- 9:00 — 12:00 Session
- 12:00—6:00 free time—except for one session for ourselves
- 7:00 — 10:00 Evening session
- 10:30 — Late night worship?

### Sunday, Jan 21

- 8:30 — Breakfast
- 9:00 — 12:00 Session
- 12:00 — Packing and lunch
- 3:00 — Arrive back at the church



Email: OB1Rob@hotmail.com

## Special Rules

These rules are provided to give some specific guidelines on behavior during our Resurrection 2018 Trip.

1. Love the Lord God with all your heart, soul, and mind.
2. Love your neighbor as yourself.
3. These are not the only rules—but should be . . . Please don't make us create more!
7. No BOXER SHORTS in public.



To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to attend and  
(Name of Child)  
participate in activities sponsored by Powell United Methodist Church on the dates of 1-19-18 - 1-21-18.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization.

Should it be necessary for our (my) child to return home due to medical reasons or behavior or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Powell United Methodist Church.

Hospital Insurance      Yes \_\_\_ No \_\_\_

Insurance Company  
\_\_\_\_\_

Policy # \_\_\_\_\_

Emergency #'s \_\_\_\_\_

I have read the entire booklet and agree to obey the rules. If there is a problem that cannot be solved, additional transportation will be arranged to send the student back.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_