



THERE IS POWER  
IN A NAME.

HIGH SCHOOL ONLY

20 / 25

**MID-WAY BAPTIST CHURCH STUDENT MINISTRIES**  
 Jordan Beaton | jordan@mid-way.com | Daniel Staubs | danielstaubs@mid-way.com  
 6910 Fayetteville Rd. Raleigh, NC 27603 | www.refugembc.com

**Please fill out this Registration Form and turn it in with your \$50 deposit.**  
**The total cost is \$409. \*SIGN UP BY JUNE 11TH\***

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 We, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless **Mid-Way Baptist Church** and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any whatsoever which may be incurred by my child in the course of participation in **Student Life Camp, July 7-11, 2025 in Lynchburg, VA and travel to and from this Camp.** Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Student's Name: _____	Father's Signature: _____	Date _____
Age: ____ Grade: ____ Student Cell: _____	Mother's Signature: _____	Date _____
Student Email: _____	Legal Guardian's Signature: _____	Date _____
Address: _____	Health Insurance Company: _____	
City: _____ Zip: _____ Gender: M / F	Policy Holder & Number: _____	
Do you attend Mid-Way? ____ If no, where? _____	Emergency Contact other than Parent: _____	
Parent's Names: _____	Emergency Contact Phone # _____	
Parent's Email: _____	Physician: _____	
Father's Cell: _____ Mother's Cell: _____	Physician's Phone # _____	
Home Phone: _____	Other important info about your teen: _____	
Please List Any Known Allergies: _____		
Medical Conditions: _____		
Medicines you are taking now: _____		
I would like to room with: _____	My child can have Tylenol: _____ mg. and / or Motrin _____ mg.	

# CAMP LIFE BEST LIFE!



## MIDDLE SCHOOL ONLY

**MID-WAY BAPTIST CHURCH STUDENT MINISTRIES**  
Daniel Staubs | danielstaubs@mid-way.com | Jordan Beaton | jordan@mid-way.com  
6910 Fayetteville Rd. Raleigh, NC 27603 | www.refugembc.com

**Please fill out this Registration Form and turn it in with your \$50 deposit.  
The total cost is \$335. \*JUNE 11 IS THE DEADLINE TO SIGN UP\***

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We, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless **Mid-Way Baptist Church** and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any whatsoever which may be incurred by my child in the course of participation in **Crossroads Camp, July 14-18, 2025 in Anderson, SC and travel to and from this Camp.** Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Student's Name: \_\_\_\_\_ Father's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: M / F

Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Do you attend Mid-Way? \_\_\_\_\_ If no, where? \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Policy Holder & Number: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Emergency Contact other than Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Please List Any Known Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Medicines you are taking now: \_\_\_\_\_

Other important info about your teen: \_\_\_\_\_

I would like to room with: \_\_\_\_\_

My child can have Tylenol: \_\_\_\_\_ mg. and / or Motrin \_\_\_\_\_ mg.