

THRESHOLD

THRESHOLD INFORMATION

THRESHOLD: "the point or level at which something begins or changes"

Our 6th graders stand at a threshold. They are getting ready to leave the Children's Ministry and enter the Youth Ministry. They are getting ready to leave the "Elementary" school system and enter the "Secondary" school system. They are about to experience many changes - socially, physically, emotionally - and we want to help prepare them for those changes as we continue to guide them to spiritual maturity.

Theme: IDENTITY - we will take a look at who (or what) influences us and where our TRUE IDENTITY lies.

Friday, April 17

- dinner at church
- large group and small group
- ice cream party
- hang out time
- games
- sleep at church

Saturday, April 18

- breakfast at church
- large group and small group
- lunch at church
- activity away from church
- parent meeting
- family communion to end the weekend

Regular Registration: \$40.00 (by April 12)

Late Registration: \$50.00 (April 13-16)

Registration closes at 5:00pm on April 16

You may invite 6th grade friends who do not attend Woodway!

Discount is available for multiple kids in same family, if registered by April 8. See Barbra.

Registration fee is due with completed registration form. You may pay via cash, check (made payable to FBCW; Threshold in memo), or credit card.

Scholarships are available - email Barbra @ bsmith@firstwoodway.org.

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Registration Form

April 17-18, 2020

student's full name

student's school

student's cell number

student's t-shirt size

has student asked Jesus to be his/her Lord? yes no

has student been baptized by immersion? yes no

parents' names

parents' cell numbers

parent email (one checked most often)

continue other side

Children's Names _____

I give permission for my child to travel during the **Threshold 6th Grade Retreat** via church bus and/or vans and/or personal cars. Travel will be within Waco city limits. We (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant if said child is not 21 years of age or older] do hereby release, forever discharge and agree to hold harmless First Baptist Church Woodway and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him or her to participate fully in said trip, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

I further give permission to First Baptist Woodway to videotape and/or photograph my child. These videos or photographs may appear on the FBC website, and/or the Kingdom Kids Facebook page, and/or promotional pieces.

Parent/Guardian Signature _____ Date _____

Parent Information

Name _____

Address _____ City _____ Zip Code _____

Cell Phone (_____) _____ Work Phone (_____) _____ Home Phone (_____) _____

Insurance Company _____ Policy # _____

Physician's Name _____ Phone # _____

Emergency contact, who also has permission to pick up child

Name _____

Address _____ City _____ Zip Code _____

Cell Phone (_____) _____