



DRIVE WK
ND

FEBRUARY 10-12, 2012

FIRST DALLAS STUDENTS



DRIVE ^{WK}_{ND}

DATES

Friday, February 10 – Sunday, February 12

COSTS

\$50 covers all FOOD, T-SHIRT, SHENANIGANZ, TRANSPORTATION,
and ALL THE FUN YOU CAN HAVE IN ONE WEEKEND!

TIMES

Registration opens Friday at 7:00pm-Pickup at 12:00pm Sunday in front
of Spurgeon Harris located on Patterson.

THEME

The theme is DRIVE. We will be learning about what DRIVES us in our lives.
Many times we get driven by all of the wrong voices and we make all of the wrong
choices. We will be learning from the life-changing examples of Bible Characters like
the Apostle Paul who were driven by the wrong voices until Jesus stepped in and
changed everything.

LOCATIONS

SERVICES

All services will be located in the First Dallas Students Room on the 9th Floor of
Spurgeon Harris.

OVERNIGHT

Students will stay the night in the homes of First Dallas members throughout the DFW
area, under the leadership of college students and the supervision of adult volunteers.

These groups will be separated by gender and grade, guys with guys, and ladies with ladies.



Register online at firstdallas.org/students

ACTIVITIES



FUN

Late Night at SHENANIGANZ

Price included in the cost for DRIVE.
Bring extra money if you want.



LAUGHS

ISAAC IMPROV COMEDY

Get ready to laugh harder than ever
before with Isaac Improv who will
perform several times throughout
the DRIVE WEEKEND.



WORSHIP

TYLER BROWN WILLIAMS BAND



SPEAKER

MICHAEL HEAD Second Baptist Houston

Michael leads one of the largest
student ministries in America today.



REGISTRATION FORM

Student's Name: _____

Student's Grade: _____ Age: _____ Male Female (circle one)

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

T-shirt Size (circle one): AS – AM – AL – AXL – AXX L – AXXXL

Church Attending: _____ School Attending: _____

Emergency Contact: _____ Phone #: _____

Cell #: _____ Work #: _____

Email Addresses: _____

Doctor: _____ Phone #: _____

List 2 friends you would like to be in a group with:

Register online at
firstdallas.org/students

HEALTH HISTORY, ALLERGIES, & OTHER CONDITIONS

- | | | | |
|-------------------|----------------|---------------|-----------------|
| Insect Stings | Drug Reactions | Allergies | Heart Condition |
| Frequent Colds | Chronic Asthma | Stomach Aches | Diabetes |
| Physical Handicap | Epilepsy | Dizziness | Plant Reactions |

If you checked any of the above, please provide details including normal treatment of allergic reactions.

MEDICAL/LIABILITY RELEASE

My child, _____,
may participate in the _____ on _____.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an x-ray examination, injection, anesthesia, surgery or any other medical intervention for my child as deemed medically necessary. I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed. I understand that I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child. I agree to allow the identified child to participate in the activity identified above and understand reasonable safety precautions will be taken at all times by First Baptist Church of Dallas and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I understand that photos and videos of my child may be taken for use in First Baptist Church of Dallas publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication First Baptist Church of Dallas will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering or republishing them without my consent. I waive any claim for damages against First Baptist Church of Dallas from un-consented use, alteration or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web.

I AGREE NOT TO HOLD FIRST BAPTIST CHURCH OF DALLAS, ITS LEADERS, EMPLOYEES, AND VOLUNTEER STAFF LIABLE FOR ANY DAMAGES, LOSSES, DISEASES, OR INJURIES INCURRED AS A RESULT OF THE CHILD'S PARTICIPATION IN THIS ACTIVITY, AND I EXPRESSLY WAIVE ANY CLAIMS OF NEGLIGENCE AGAINST FIRST BAPTIST CHURCH OF DALLAS AND ITS EMPLOYEES, AGENTS AND VOLUNTEERS.

Date: _____, 2011

Father: _____

or Mother: _____

Guardian (if necessary): _____

PARENT'S
SIGNATURE
REQUIRED

Tetanus Shot Current: _____ Activity Restrictions: Yes _____ No _____

Describe Restrictions: _____

Name and dosage of any medications that must be taken: _____

INSURANCE INFORMATION:

Do you have health insurance? Yes _____ No _____

Medical Insurance Company: _____

Plan or Group Number:: _____

Insured Name:: _____

Insured I.D. # or Member #:: _____

Insurance Company Phone Number:: _____

Insurance Company Address:: _____

(YOU MAY COPY BOTH SIDES OF YOUR INSURANCE CARD AND ATTACH IT IF IT INCLUDES ALL OF THE ABOVE INFORMATION)