

# META 20X

# Extreme FEB. 12-14

Begins at 5:30pm on Friday  
Ends at 12 noon on Sunday



Cost is \$50  
This includes:  
Program fee,  
Retreat materials,  
3 meals, snacks,  
and a **META20X**  
t-shirt.

Eat dinner before you  
come on Friday Night.

**Registration and \$25 Deposit  
due on January 24.**  
Final \$25 due on February 7.

What to Bring:  
Bible, Pen,  
Toiletries,  
Casual  
Clothing,  
Pillow, Towel,  
Sleeping Bag  
or Blanket,  
and \$ for  
one meal!

# SWAT

Questions? Mid-Way Baptist Church 919-772-5864 / grant@mid-way.com / kenny.loch@mid-way.com / michelle@mid-way.com

## ~Meta 20X Registration Form~

**Please fill out this Form and turn in your \$25 deposit by Jan. 24  
for your teen to be able to participate. Thank You!**

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 **META 20X Retreat at Mid-Way Baptist Church, Apex Baptist Church, Host Homes and travel to and from all locations**. 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.

*Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.*

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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