Encounter Weekend 2024 Parent Info Sheet

>Friday 12/6

5:30 - Meet at church (Youth House) Registration
6-9:30 - Games, dinner, music, and lesson
9:30 - Head to host homes for discussion questions

>Saturday 12/7

8am - Breakfast & Devotional
9:30am - Head to Reach Unlimited for service project www.reachunlimited.org
10-2pm - Reach Unlimited 11832 Mueller Cemetery Rd. Cypress, TX 77429
2:30-6:30 - Main Event Tomball
7pm-9pm - Back to Youth House for Café, Games, and Music
9pm- Head to host homes for discussion

>Sunday 12/8

9am - Sunday school at HBC for wrap up and testimony

————————>>>Host Homes<<<————————

Sr High Boys- Calvin (832) 724-0817 & Carol Johnson (281) 687-5841
22123 Field Green Dr
Cypress, TX 77433

Sr. High Girls- Bill (832) 419-5353 and Saira Reddin (832) 279-5757
16210 Diamond Rock dr
Cypress, TX 77429

Jr. High Boys- Tim (832) 457-5293 & Dori Wintill (832) 457-5332
14234 Spindle Arbor Rd
Cypress, TX 77429 Gate Code #2000

Jr. High Girls- Paul (713) 906-2791 & Leslie Hawkins (713) 906-2829
13611 Kellerton Ln
Cypress, TX 77429

————————>>>Adult Volunteers<<<————————

Sr. High Boys - Chad Adams (281) 889-0710 & Bill Reddin (832) 419-5353

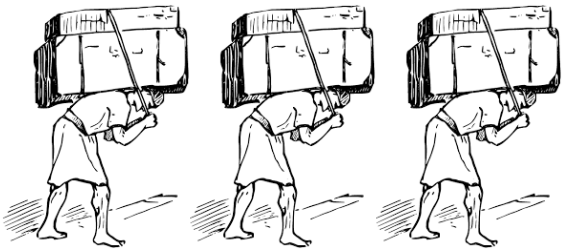
Sr. High Girls- Saira Reddin (832) 279-5757 & Maggie Horton (832) 567-6384

Jr. High Boys- Grant Hawkins (713) 906-9068 & Zach Scotton (832) 339-2694

Jr. High Girls- Carrie Adams (281) 639-2939 & Paige Hawkins (713) 906-6422

Doug Horton (832) 567-6092 / **Remind texts- text @youthrocks to 81010**

Encounter 2024





- Bible
- Pencil/Pen
- Sleeping Bag
- No cell phones
- Blanket
- Pillow
- Towels/Washcloths
- Toothbrush/Paste
- Soap/Shampoo
- Deodorant
- Under Garments
- Shorts/Pants *
- Shirts
- Shoes/Socks
- All meals will be provided but bringing an additional $20 won't hurt
- Please bring one 2 liter bottle of your favorite drink
- Please bring 2 large size or family sized snack items
- **NO CELL PHONES** (Please leave at home)

* Saturday we'll be doing an outdoor service project so wear comfortable clothes and closed toed shoes and be ready for all weather please.

Don't forget that Sunday morning we will be wearing our Encounter t-shirts!

>>> Friendly Reminder <<<

> Please be considerate of keeping your personal space clean and tidy. <

Encounter 2024 Code of Behavior Form
(Please sign and return this to Doug)

Activities that students will be participating in but are not limited to include running, jumping, competitive games indoors and outdoors, swimming in pool, service project at Reach Unlimited, singing, dancing, studying, praying, reading the Bible, archery tag, gel blasters, trivia, and other youth activities.

Expected behavior of each student/youth include but are not limited to:

1. Participation is strongly encouraged (unless your youth has a health issue)
2. No cussing, foul language, inappropriate speech/conversations
3. Curfew times must be observed- no sneaking out
4. Disrespectful actions/speech towards leaders and/or other students will not be tolerated
5. No bullying and No fighting*

Each student will receive 2 verbal warnings for behavior issues. The first warning will be between two youth leaders and the student. The second warning will include two youth leaders and a parent via phone. If there is another violation of behavior standards after the second warning, a determination on sending the student home will be made by the youth pastor (Doug Horton). Students that are asked to leave after receiving 2 verbal warnings will go home at the expense of the parents and no refund or reimbursement will be made.

*Students who fight will not receiving any warnings- they will be asked to leave at the expense of their parents and no refund or reimbursement will be made.

Parent and Student Release Statement:

As parent/legal guardian of _____, I have reviewed the information about HBC Encounter Weekend and give my permission for the subject of this release to be involved in the overall activities and in the specific activities above.

- I/We have reviewed the rules of HBC Encounter Weekend and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations it will be at my/our expense.

Parent/Guardian Name:_____

Signature: _____ Date _____

Student Signature: _____ Date _____

MANDATORY HEALTH FORM

Harvest Bible Church Encounter 2024

(Please print)
Name of student_____ Date of birth _____Age _____

Address _____ City _____

State_____ Zip_____ Phone # (_____) _____ Sex _____

Height _____ Weight_____ Social Security # _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (If different than student)_____

City _____ State_____ Zip _____

Phone # (Cell) _____ (Home) _____

Alternate Contact Person (Use someone near the primary contact)

Name _____

Phone # (Cell) _____ (Home) _____

Address_____

City _____ State ____ Zip _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? Yes___ No ___

Name of Insurance company: _____

Policy # _____ Group # _____

In whose name is the insurance: _____

Family doctor _____ City _____ Phone # _____

Health History

List any pre-existing or present medical conditions:_____

_____

_____

List name and dosage of any current medications being taken:_____

_____

_____

Any allergies?____To medications?___hay fever___ heart condition___

diabetes___ insect stings____ epilepsy/nervous___ asthma disorders___

frequent upset stomach____ physical handicap____

Any major illnesses during the past year?_____

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

_____

_____

Date of last tetanus shot_____ Contact lenses? Yes____ No___

Any activity restrictions? Yes____No___ What?_____

Parental Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event the parent/guardian cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, order an injection, use anesthesia, perform surgery, and/or any medical procedure for my child as deemed necessary.
I understand all reasonable safety precautions will be taken by the Harvest Bible Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Harvest Bible Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, and/or injuries incurred by the subject of this form.

Signature of Student (if over 18 years of age)_____

Parent/Guardian Signature_____ Date _____

Over the Counter Medication Permission Form

This authorization will give our Youth Leaders permission to dispense medications to your camper. OTC Medication's dose and schedule will be per package recommends. Please return this form with your child's medical form.

Camper's Name _____ Birthdate _____Weight:_____

Any Allergies: _____

Medication	Indication	Permission
Advil (Ibuprofen)	Fever, headache, pain	Yes No
Tylenol (Acetaminophen)	Fever, headache, pain	Yes No
Imodium (Loperamide)	Diarrhea	Yes No
Topical "first aid" (Neosporin, triple antibiotics, Bactine, Benadryl similar products containing antiseptic, antibiotics and/or topical pain relief)	First aid for cuts, scratches, bites and skin abrasions	Yes No
Sun Screen/aloe vera/Solarcaine	Sun burn relief/prevention	Yes No
Antacids/TUMS/Pepto-Bismol	Upset stomach/nausea/ diarrhea	Yes No
Topical antiseptics (alcohol, hydrogen peroxide, Betadine)	Antiseptics	Yes No
Dramamine	Motion sickness	Yes No
Cough syrup (Dimetapp, Robitussin)	Congestion/cough	Yes No
Lozenges	Sore throat/cough	Yes No
Topical bite/ toxin neutralizers (Afterbite/ baking soda/vinegar)	bite/sting relief	Yes No
Swimmers ear prevention drops	Ear ache prevention	Yes No
Benadryl oral	Allergy symptoms	Yes No
Hydrocortisone cream	bite/sting relief	Yes No
Calamine lotion	pain/itch relief for minor skin irritations	Yes No

I hereby certify that I have read and understand this document and I authorize the youth leaders of HBC to give medication to the above minor as needed.

Name:_____

Signature:_____Date:_____

Prescription Medication Form

Trinity Pines has medical staff onsite and on duty 24 hours a day for emergencies. However, for the safety of each camper, all medication, prescriptions, and/or non-prescription drugs will be held and administered by a HBC youth leader.

If prescription medication is needed during camp it must:

1. **REMAIN IN THE ORIGINAL CONTAINER**
2. **Be put in a zip-lock bag**
3. **Have the form at the bottom of this page inside the zip-lock bag**
4. **And the form must be filled out clearly and legibly.**

**I hereby certify that I have read and understand this document and I authorize the youth leaders of HBC to give medication to the below stated minor as needed.

Minor's Name:_____Parent/Guardian_____

Parent/GuardianSignature:_____Date:_____

Please do not send any medication unless it it absolutely necessary.

CUT HERE

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REACH UNLIMITED, INC / ADULT WAIVER

- I hereby represent that I am eighteen (18) years of age or older, that I am in good health, and have no known conditions that would be impacted in any way by performance of my volunteer duties. I am not under the influence of any alcohol or any drugs which would impair me to safely volunteer for the event. I have never been charged with, arrested for, or convicted of, any felony or been charged with, arrested for, or convicted of, any other crime other than a traffic violation.
- My participation in the events organized by Reach Unlimited is voluntary.
- I assume all risks associated with my participation in this event including injuries or illness to person and damage or loss to property.
- For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the noted event, I do hereby, for myself, my heirs, my administrators and executors forever waive, release and discharge and agree to indemnify for any and all rights and claims, for expenses, damages or other losses which I or the Minor may have or which may hereinafter accrue, against:
    - Reach Unlimited, Inc.
    - Including sponsors, and organizations or their respective representatives, officers, directors, employees, agents, successors, and assigns.
- This Volunteer's Acknowledgment, Waiver, and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby warrant that I am of legal age and competent to enter this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns) acknowledge that I have signed this Agreement without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement, I hereby certify that I have read this document and that I understand its content.

_____/_____

Volunteer Print Name Volunteer Signature

_____

Date:

REACH UNLIMITED, INC / MINOR WAIVER

In consideration of Reach Unlimited allowing me the opportunity to participate in the above event:

- I hereby represent that (1)I am the parent or legal guardian of the minor participant, (2) the minor participant is in good health and has no known conditions that would be impacted in any way by performance of the volunteer duties, (3) the minor is not under the influence of any alcohol or any drugs which would impair the Minor's ability to safely volunteer for the event, (4)and that I am responsible for the Minor's safety.
- The attest that the Minor has never been charged with, arrested for, or convicted of, any felony nor has the Minor been charged with, arrested for, or convicted of, any other crime other than a traffic violation.
- The Minor's participation in the events organized by Reach Unlimited is voluntary.
- I understand the acknowledge all of the risks and dangers associated with the Minor's participation in this activity. For any injury, illness, property damage or loss suffered or sustained by the Minor which is in any way associated with the Minor's participation in, travel to and from, or other activity associated with the noted event, I do hereby, on behalf of the Minor, for myself, my heirs, my administrators and executors forever waive, release and discharge and agree to indemnify for any and all rights and claims, for expenses, damages or other losses which I or the Minor may have or which may hereinafter accrue, against:
    - Reach Unlimited, Inc., Including sponsors, and organizations or their respective representatives, officers, directors, employees, agents, successors, and assigns.
- I hereby warrant that I am of legal age and authorized to enter into this Agreement, on behalf of the Minor, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the Minor, the Minor's parents/legal guardians, heirs, and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns). Acknowledge that I have signed this Agreement without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions, and provisions of this Agreement.

_____

Minor's Name (Please Print)

_____

Parent/Legal Guardian Name (Please Print)

_____

Parent/Legal Guardian Signature

Date: _____

REACH UNLIMITED, INC

ABUSE, NEGLECT and EXPLOITATION STATEMENT OF UNDERSTANDING

Report all allegations of abuse, neglect or exploitation immediately but, no later than (1) hour after having knowledge or suspicion. (24 hour, 7 days a week, 365 days a year) To: Department of Family & Protective Services (DFTPS) 1-800-647-7418

Physical abuse is defined as:
Any act or failure to act performed knowingly, recklessly, or intentionally, including incitement to act which caused or may have caused physical injury or death to a person served; Any act of inappropriate or excessive force or corporal punishment regardless of whether the act results in physical injury to a person served; or Any use of chemical or bodily restraints on a person served not in compliance with federal and state law regulations.

Sexual Abuse is defined as any sexual activity, including but not limited to:
Kissing a person served with sexual intent; hugging a person with a sexual intent; stroking a person with sexual intent, fondling a person with sexual intent; engaging in sexual conduct with a person served as defined in the Texas Penal Code, 43.01. Any activity that is obscene as defined in the Texas Penal Code, 43.21; Requesting, soliciting or compelling a person served to engage in sexual conduct as defined in the Texas Penal Code, 43.01**;** Any activity that is obscene (as defined in the Texas Penal Code, 43.21) In the presence of a person served:
Engaging in or displaying any activity that is obscene, as defined in the Texas Penal Code, 43.01**;** Requesting, soliciting or compelling another person to engage in any activity that is obscene, as defined in the Texas Penal Code, 43.21;Committing sexual exploitation as defined in 711.15 of this title (relating to How is sexual exploitation defined) against a person served; Committing sexual assault as defined in the Texas Penal Code 22.011 against a person served; Committing aggravated sexual assault as defined in the Texas Penal Code 22.012 against a person served; Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, videotaping, or depiction of the person served is obscene as defined in the Texas Penal Code, 43.21, or is pornographic..

Sexual exploitation is defined as: A pattern, practice, or scheme of conduct against a person served, which may include sexual contact that can reasonably be construed as being for the purposes of sexual arousal or gratification sexual abuse of any person.

Verbal/emotional abuse is defined as: Any act or use of verbal or other communication, including gestures, to: Curse, vilify, or degrade a person served; or threaten a person served with physical or emotional harm. In order for the definition of verbal/emotional abuse to be met, the act or communication must: Result in observable distress or harm to the person served; or be of such a serious nature that a reasonable person would consider it harmful or causing distress.

Neglect is defined as a negligent act or omission by any individual responsible for providing services to a person served, which caused or may have caused physical or emotional injury, along with death to a person served or which placed a person served at risk of physical or emotional injury or death. Neglect includes, but not limited to, the failure to:

1. Establish or carry our an appropriate individual program plan or treatment plan for a person served, if such failure results in a specific incident or allegation involving a person served.
2. Provide adequate nutrition, clothing, or health care to a specific person served in a residential or impatient program.
3. Provide a safe environment for a specific person served, including the failure to maintain adequate numbers of appropriately trained staff, if such failure results in a specific incident or allegation involving a person served.

Exploitation is defined as the illegal or improper act or process of using a person served or the resources of a person served for monetary or personal benefit, profit, or gain.

I am knowledgeable of:

1. Acts that constitute abuse, neglect, or exploitation of an individual as defined above.
2. The requirement to report acts of abuse, neglect, or exploitation or Suspension, but not later than one hour.
3. Methods to prevent the occurrence of abuse, neglect, and exploitation.

Duty to Report: I hereby certify that I have read and understood the information regarding my liability in the case of abuse and or neglect of Reach Unlimited clients. I understand that these liabilities include persons in any Reach programs. I agree to abide by the policy of the agency and the law of this state as it pertains to the abuse and or neglect of the individuals served. I realize that participation in abuse and or neglect of clients, and or failure to report such incidents of which I have knowledge, will result in termination of my role as a volunteer and civil and or criminal charges being brought against me. I agree to cooperate in all investigation to ensure that accurate and detailed information is shared only with the investigator and or state auditor. All information is to remain confidential.

I understand the Policies & Procedures regarding Abuse and Neglect. I understand and have received a copy of this statement and agree to comply.

_____/_____

Volunteer Print Name Volunteer Signature

_____

Date:

REACH UNLIMITED, INC. CONFIDENTIALITY/HIPAA STATEMENT of UNDERSTANDING

I understand that any and all information pertaining to clients of Reach Unlimited is strictly confidential, and not to be discussed or disclosed with persons who do not need to know or are not directly involved in the treatment of these individuals.

I understand that any information shared or obtained for the purposes of conducting any investigations such as: Abuse/Neglect will not be discussed with anyone other than Reach Unlimited management staff, Facility Investigators and/or representatives from the Texas Department of Disability and Aging Services (DADS).

I agree to ensure the confidentiality of information I receive from others or obtained from my own observation regarding clients as stated above.

_____/_____

Volunteer Print Name Volunteer Signature

_____

Date: