

# DNOW 2023

2.17-19.23



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## Student Packet



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# What is Disciple NOW?

## February 17-19th, 2023

It is part sleepover, part camp for students. Students are placed into like ages and gender groups that stay in homes in our community. We invite leaders along with the host families to lead the groups through Bible studies and recreation events. The weekend also has large group worship services. All of this is packed into Friday night through Sunday morning! This year's event is located at Summit Heights and Holly Brook Baptist Church.

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### Cost and Age:

- Registration \$60/Student.
- Full and partial scholarships available upon request.
- Scan QR for online form or visit <https://shf.church/event/dnow-2023>
- Scholarship application in the packet.
- For students currently in grades 6th through 12th.



### How to signup:

- Step One: Complete online form or turn in forms to Ministry Leader.
- Step Two: Complete Health Form/Permission (bring day of registration.)
- Step Three: Payment can be submitted anytime leading up to the event. Please pay your local church.

### What to Bring:

- Health Form.
- Sleeping bag or bedroll, pillow, toiletries.
- Bible and journal for notes.
- Casual clothes, clothes for recreation, sleeping clothes, towel, clothes for Sunday.
- Sunday morning (everyone will wear their DNOW T-Shirt that morning.)

### PLEASE DO NOT BRING:

- Alcohol, tobacco, firearms, fireworks and knives, Video game systems, Laptops, iPad or any device outside of your phone



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Shaq and his wife Racheal live in Asheville, NC, where they are committed to faithfully serving the high school students of Biltmore Church. Shaq is currently a student at Southeastern in Wake Forest, NC, and is passionate about being a part of life-change, whether through preaching or through intentional life-on-life discipleship.

Shaq was born in South Georgia where he was a foster kid for the first ten years of his life. At 17 years old, he surrendered his life to Jesus at a youth summer camp, and just one day later, he heard his call to ministry.

In addition to preaching at church retreats and summer camps, Shaq hosts a devotional podcast titled *Jesus, instead of me*, and writes for Gospel Project.

# Great Teaching! Incredible Worship!



DWELL is a new worship group that has been leading worship for summer camps, and youth ministries over the past year. Their leader Kole Peterson is an experienced worship leader who led worship at the Grove Church. DWELL will bring engaging and authentic worship that will direct your heart toward God.



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## **DNOW TEAM**

### **DNOW 2023 MISSION PROJECT**

DNOW is about so much more than just a fun weekend. DNOW wants to create disciples who minister to others. This year at DNOW our mission project consists of collecting canned items for Love One Food Ministry. Love One is a local food ministry that distributes free food out to over 50 ministries' helping to feed hundreds of people all over East Texas. Whichever church collects the most canned good items gets to eat first. So, collect as many as possible.

### **Lip Sync Battle**

Yes! The famous lip synch battle will take place again this year. The winning team will take home a tasty cake for their host home. Come prepared with props costumes and sick dance moves. On Friday night if your house wants to enter then you should text the Lip Synch Battle leader Jasmine Robinson your song. If it is appropriate and not already used the battle leader will send back a thumbs up. After this, all you have to do is practice with your team.

### **Register Online**

Registration is simple. There are two ways to register. You can complete the registration form in this packet and turn it into your Youth Leader or you can register online at <https://shf.church/event/dnow-2023/> Do not forget medical forms. Complete the medical forms at the bottom of the packet or print them out using the registration link listed above. These forms must be turned to your Youth Leader before attending the event.



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## DNOW 2023 SCHEDULE

### Friday, February 17th:

6:00pm - Registration @ Holly Brook  
7:00pm - Worship Service @ Summit Heights  
9:00pm - **Leave for Host Homes**  
10:00-11:00pm - Small Group in Host Homes  
12:00am - Lights Out

### Saturday, February 18th:

8:00am - Rise and Shine/Breakfast at Host Homes  
8:30am - **Leave for Church**  
10:00am - Morning Worship @ Summit  
10:45am - **Amazing Race**  
12:00pm - Lunch at Holly Brook  
12:45pm - Recreation @ Holly Brook  
3:30pm - **Leave for Host Home (Shower)**  
4:30pm - **Leave for Summit Heights**  
5:00pm - Lip Sync at Summit  
6:00pm - Dinner @ Summit Heights  
7:00pm - Worship  
9:00pm - **Return to Host Home**  
10:00pm - Small Group in Host Home  
11:30pm - Lights Out

### Sunday, February 19th:

7:30am - Rise and Shine/Breakfast at Host Homes  
8:00am - Small Group in Host Homes  
8:30am - **Leave for your Church**  
9:00am - Worship Service  
10:20am - Disciple Now Ends and the Journey Begins!



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## RESERVE YOUR SPOT! DNOW 2023

Fill out this sheet or scan QR code

In addition to this form complete the MEDICAL RELEASE / PERMISSION CARD and have your parents fill it out and return it with your \$60.00 registration fee.



This form will reserve your spot!

First Name: \_\_\_\_\_ Your Last Name: \_\_\_\_\_

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

Your Cell Number (if applicable): \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Phone: \_\_\_\_\_

Your Grade: \_\_\_\_\_ Your School \_\_\_\_\_ Church  
Name \_\_\_\_\_

Name two friends you want to be with

1. \_\_\_\_\_

2. \_\_\_\_\_

T-Shirt Size (Adult Size)

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX Large \_\_\_ XXX-Large \_\_\_\_\_

### Concerning the Cost of DNOW

Cost: \$60/Person

\_\_\_ I can pay the full amount

\_\_\_ I can pay part of the cost (scholarship application necessary)

\_\_\_ I will need a full scholarship to be able to attend (scholarship application necessary) \_\_\_

I would like to donate to the scholarship account.

### "Time Away" Card

Will the student need to leave the weekend for a practice, game, or other commitment? If so, list the times, and other details. You will be given a time away card to be signed by your parent/guardian. Do not let anything keep you from this weekend, ask off work now! If you have a UIL event, this is so, you can leave and come back.

\_\_\_\_\_  
\_\_\_\_\_



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**Yearly Permission/Medical Waiver  
(DNow and All Events, January 1-December 31, 2023)**

Name of Student (please print) \_\_\_\_\_

Parent(s) and/or legal guardian(s) of Student participant \_\_\_\_\_

Address \_\_\_\_\_

Mom Cell (\_\_\_\_\_) \_\_\_\_\_ Dad Cell (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School or homeschool \_\_\_\_\_

Parent Email \_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs, mission and recreational, and other activities at Summit Heights Fellowship is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I \_\_\_\_\_ give \_\_\_\_\_ my permission for my child to participate in all activities including but not limited to camps, mission trips, water sports, field sports and any other recreational activity.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me currently. I further release Summit Heights Fellowship/ Holly Brook Baptist Church and any churches involved in DNow and its pastors, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Summit Heights Fellowship any churches involved in DNow or its pastors, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless Summit Heights Fellowship/ Holly Brook Baptist Church and its Pastors, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.



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### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do

hereby give permission for agents of Summit Heights Fellowship/ Holly Brook Baptist Church and any churches involved in DNOW to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

### **Special Events and Field Trips**

I understand that the student named above may be participating in local/ non-local service projects and fellowship events during church events. I understand that during this period my child may take part in activities such as: construction, minor yard work, mowing, cleaning, painting, and other activities consistent with the purposes of the church.

### **Health Insurance Information**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Company Phone # \_\_\_\_\_ Medical Doctor \_\_\_\_\_  
Medical Doctor's Phone # \_\_\_\_\_

### **Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Guardian 1 \_\_\_\_\_ Relation \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Guardian 2 \_\_\_\_\_ Relation \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.): Other information leaders should know about the student or adult participant:



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**For Use only if the Participant is a Minor**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Summit Heights Fellowship, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of Summit Heights Fellowship/ Holly Brook Baptist, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_  
Signature  
of Parent or Legal Guardian Date

\_\_\_\_\_  
Print Name of  
Parent or Legal Guardian

\_\_\_\_\_  
Participant/Parent Signature Date



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## **DNOW Medicine Form 2023**

By Signing below, I understand that all medication will be given at 10:00am, 2:00pm and 9:00pm. Snacks will be provided at the nurse station for medication required with a meal. If your student has additional needs, then your church needs to contact nurse Stacy.  
david@summitheightsfellowship.com

All medication must be in its original containers from the pharmacy. No blank pill bottles or daily medication boxes. Be sure to make the form visible in the bag.

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**Put This Form in the ZIP-Lock Bag  
Along With the Medicine**

**This Medication Belongs To** \_\_\_\_\_

**Camper's Church** \_\_\_\_\_

**Dosage** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Night Phone** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

**Doctor's Phone** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_



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