

# BREAKTHROUGH WEEKEND

**FEBRUARY 17-19, 2023**

[gbcfortworth.com/events](http://gbcfortworth.com/events)

**PRICE: \$50**

**FAMILY PRICE: \$85**

**Checks payable to Grace Baptist Church**

**DEADLINE:**

**Sunday Feb. 12**

**NAME:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Church Member? Y/N If Yes, where?** \_\_\_\_\_

I understand that Breakthrough is a discipleship weekend designed for growing and experiencing faith in Jesus Christ. It is my deep commitment to positively participate in all activities throughout the weekend.

**STUDENT SIGNATURE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**M**

**F**

T-Shirt Size (circle)

**S M L**

**XL XXL**

**FILL OUT  
BACK  
SIDE**

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL INSURANCE PROVIDER:  
\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

Please list any medications that will need to be taken over the course of this weekend:

\_\_\_\_\_

Other pertinent medical information:  
\_\_\_\_\_

## **MEDICAL RELEASE**

I hereby give authority to Grace Student Ministry staff and volunteers to secure any necessary medical treatment in the event of an emergency due to sickness or accident while taking part in this weekend. I understand that our family physician may be contacted if possible but in the event that they may not be reached, the leader in charge may choose a reputable physician.

Signature of parent/guardian

Date

\_\_\_\_\_

\_\_\_\_\_