



GREATER SECOND BAPTIST CHURCH
GSBC Youth Ministry Field Trip Forms Packet
Six Flags Over Texas
Out-of-State Youth Field Trip
August 7-9, 2026

AUGUST 7-9, 2026
GSBC YOUTH MINISTRY
SIX FLAGS
TRIP

PARTICIPATION PRICE:
Bring A Friend or All Your Friends to Youth Church 3X
in the Months of June & July

www.greatersecond.org/youth-ministry

5615 Geyer Springs Rd, Little Rock, AR 72209
501-569-9988 | www.greatersecond.org
Youth Ministry: www.greatersecond.org/youth-ministry

Packet Completion Checklist

<input type="checkbox"/> Youth Participant Registration	<input type="checkbox"/> Parent/Guardian Information
<input type="checkbox"/> Emergency Contacts	<input type="checkbox"/> Field Trip Permission & Travel Release
<input type="checkbox"/> Medical Information	<input type="checkbox"/> Medication Authorization
<input type="checkbox"/> Food Allergy & Dietary Needs	<input type="checkbox"/> Youth Personal Profile & Well-being Support
<input type="checkbox"/> Behavior Covenant	<input type="checkbox"/> Photo/Media Release
<input type="checkbox"/> Financial/Participation Record	<input type="checkbox"/> Insurance Information
<input type="checkbox"/> Chaperone/Volunteer Acknowledgment	<input type="checkbox"/> Itinerary Receipt & Parent Initials

Office Use Only: Received By: _____

Date: _____

Complete? Yes No

Youth Participant Registration Form

Participant Full Legal Name		Nick Name	
Date of Birth		Age on Trip Date	
Grade for 2026-2027		Gender	
School		T-Shirt Size	
Church Member?		Youth Church Attendee?	
Friend Invited By		Friend Attending?	

Address: _____

City: _____ State: _____ ZIP: _____

Participant Phone: _____

Participant Email: _____

Parent/Guardian Information

Parent/Guardian 1 Name		Relationship	
Mobile Phone		Email	
Parent/Guardian 2 Name		Relationship	
Mobile Phone		Email	

Home Address if different from participant:

Emergency Contacts Other Than Parent/Guardian

Name	Relationship	Mobile Phone	Alternate Phone	Authorized to Pick Up?

Field Trip Permission Slip & Out-of-State Travel Release

I give permission for _____

(a minor child with whom I am the responsible guardian) to participate in the GSBC Youth Ministry trip to Six Flags Over Texas and related travel, lodging, meals, fellowship, worship/devotional activities, group transportation, and approved supervised activities during this trip for the dates August 7-9, 2026.

I understand this is an out-of-state youth ministry trip from Arkansas to Texas and that reasonable changes may be made to the schedule due to weather, traffic, park operations, safety concerns, lodging needs, or ministry leadership decisions.

I authorize Greater Second Baptist Church, its youth ministry leaders, approved chaperones, transportation providers, and designated representatives to supervise my child during the trip and to obtain emergency medical treatment if I cannot be reached in a timely manner.

I understand that participation requires respectful conduct, compliance with church rules, chaperone instructions, safety guidelines, park rules, transportation rules, and lodging rules.

Participant Name		Parent/Guardian Name	
Parent/Guardian Phone		Alternate Emergency Phone	
Insurance Provider		Policy/Group Number	

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Medical Information & Emergency Treatment Authorization

Complete this section carefully. Attach additional pages if needed. A parent/guardian should update the church immediately if any health information changes before departure.

Primary Doctor/Clinic		Doctor Phone	
Preferred Hospital		Insurance Provider	
Policy Number		Group Number	
Cardholder Name		Relationship to Child	

Medical Conditions / Diagnoses / Important Notes: (please note the Participant Eligibility and Safety Review Clause)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Migraines	<input type="checkbox"/> Motion sickness
<input type="checkbox"/> Anxiety/panic episodes	<input type="checkbox"/> ADHD/attention needs	<input type="checkbox"/> Autism support needs
<input type="checkbox"/> Mobility limitations	<input type="checkbox"/> Vision/hearing needs	<input type="checkbox"/> Other

Other / Details:

Emergency Treatment Authorization Signature:

_____ Date: _____

Participant Eligibility and Safety Review Clause

Greater Second Baptist Church reserves the right to determine whether a participant can safely and appropriately attend any youth field trip or off-site activity. Participation may be limited or denied if the church determines that a participant's medical, behavioral, emotional, developmental, or mental health needs cannot be reasonably accommodated within the trip setting, supervision plan, transportation, lodging, or activity schedule. This policy is intended to protect the safety and well-being of all participants, chaperones, volunteers, and the church.

Parent/Guardian Signature: _____ Date: _____

Medication Administration Form

All medications should be clearly labeled and provided according to church trip procedures. Prescription medications should remain in the original pharmacy container unless otherwise directed by ministry leadership.

Medication Name	Dose	Time/Frequency	Reason	Instructions	Self-Carry?

Over-the-counter medication permissions.

Check all that may be given according to package directions and parent instructions:

<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antacid
<input type="checkbox"/> Motion sickness medication	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cough drops
<input type="checkbox"/> Topical antibiotic ointment	<input type="checkbox"/> Hydrocortisone cream	<input type="checkbox"/> Other: _____

Parent/Guardian Medication Authorization Signature:

_____ Date: _____

Food Allergy & Dietary Needs Form

Participant Name		Date Completed	
Food Allergy Present?		EpiPen / Auto-Injector?	
Dietary Restriction?		Meal Assistance Needed?	

Known Food Allergies:

Reaction Symptoms:

Emergency Action Steps:

Foods to Avoid:

Safe Foods / Preferred Snacks:

<input type="checkbox"/> No pork	<input type="checkbox"/> No beef	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten-free	<input type="checkbox"/> Lactose-free
<input type="checkbox"/> Nut-free	<input type="checkbox"/> Shellfish-free	<input type="checkbox"/> Diabetic-friendly
<input type="checkbox"/> Low sodium	<input type="checkbox"/> Other: _____	

Parent/Guardian Signature: _____

Date: _____

Youth Personal Profile & Well-being Support Form

This is not a clinical mental health evaluation. It is a parent/guardian support profile to help chaperones care for each youth with wisdom, privacy, and compassion. For medical or mental health concerns, consult a licensed professional.

My child is most comfortable when:

My child may need extra support with:

<input type="checkbox"/> Homesickness	<input type="checkbox"/> Large crowds	<input type="checkbox"/> Waiting in lines
<input type="checkbox"/> Loud noises	<input type="checkbox"/> Bus rides	<input type="checkbox"/> Rooming with others
<input type="checkbox"/> Managing anger/frustration	<input type="checkbox"/> Following multi-step instructions	<input type="checkbox"/> Meal changes
<input type="checkbox"/> Sleep routines	<input type="checkbox"/> Social anxiety	<input type="checkbox"/> Other: _____

Helpful calming/support strategies:

Triggers or situations to avoid when possible:

Parent/Guardian notes for youth leaders:

Youth Behavior Covenant

As a participant, I agree to represent Christ, my family, and Greater Second Baptist Church with respect and maturity. I agree to:

<input type="checkbox"/> Follow all chaperone instructions	<input type="checkbox"/> Stay with my assigned group
<input type="checkbox"/> Respect all youth and adults	<input type="checkbox"/> Use appropriate language
<input type="checkbox"/> Keep hands and belongings to myself	<input type="checkbox"/> Follow bus, hotel, and park rules
<input type="checkbox"/> Be on time for all check-ins	<input type="checkbox"/> Avoid bullying, threats, fighting, or harassment
<input type="checkbox"/> Avoid drugs, alcohol, vaping, weapons, or unsafe items	<input type="checkbox"/> Use my phone responsibly
<input type="checkbox"/> Respect curfew and room assignments	<input type="checkbox"/> Report concerns to a chaperone immediately

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Photo, Video & Media Permission

Please select one:

I give permission for my child to be photographed or recorded for church-related promotion, recap videos, ministry slides, website, social media, and printed materials.

I do not give permission for my child to be photographed or recorded for promotional use.

Participant Name: _____

Parent/Guardian Signature: _____ Date: _____

Participation Price / Friend Invitation Tracker

Participation Price: Bring A Friend or All Your Friends to Youth Church 3X in the months of June & July.

Friend Name	Parent Contact	Youth Church Visit #1	Visit #2	Visit #3

Office Verification: Verified by: _____

Date: _____ Approved for trip? Yes No

Itinerary Forms

Friday, August 7, 2026 - Travel / Departure Day

6:00 AM Youth Arrival time
Check In / Financial Check In / Health Screen
8:00 AM Breakfast will be served
9:00 AM Baggage Checks
9:30 AM Bathroom Pit Stop
10:00 AM Bus Loading
Depart GSBC at 10:30 AM
12:30 PM Texarkana TX – Bathroom Pit Stop / Lunch
3:00 PM Arrival at Hotel / Check In
4:00 PM – 7:00 PM Free Time
7:30 PM Dinner in Hotel Conference Room
11:00 PM Bed Time Room Check

Saturday, August 8, 2026 - Six Flags / Activity Day

6:00 – 9:00 AM Breakfast at Hotel
9:30 AM Health Screen / Medications Checks
10:30 AM Bus Loading / Tickets & supplies for the day Checklist
11:00 AM Arrive at Six Flags / Organize Groups
3:00 PM Meet at Mandatory Lunch Location
8:00 PM Meet at Exit Location / Youth Roll Call
8:30 PM Dinner at Restaurant
11:00 PM Bed Time Room Check

Sunday, August 9, 2026 - Return Day

6:00 – 8:30 AM Breakfast at Hotel
8:30 AM Health Screen / Medications Checks
9:30 AM Bags & Bus Loading / Travel to Church
10:30 AM Arrive at Oakcliff Bible Fellowship / Meet with Youth Director
1:00 PM Meet at church location for clothing change.
1:45 PM Bus Loading – Prepare to Disembark
2:45 PM Buc-ee's for Lunch
4:45 PM Texarkana TX – Bathroom Pit Stop / Lunch
7:45 PM Arrive at GSBC

Transportation, Lodging & Contact Information

Transportation Provider		Driver / Contact	
Departure Location		Departure Time	
Return Location		Estimated Return Time	
Hotel / Lodging Name		Hotel Phone	
Hotel Address		Rooming Lead	

Trip Lead / Youth Ministry Contact: _____

Phone: _____

Secondary Contact: _____

Phone: _____

Parent pickup authorization: I authorize the following adults to pick up my child if needed:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Chaperone / Adult Volunteer Acknowledgment

Volunteer Name		Mobile Phone	
Email		Role	
Background Check Completed?		Safe Conduct Training Completed?	
Driver?		CPR/First Aid?	

I agree to supervise youth with patience, attentiveness, confidentiality, and Christian conduct. I agree to follow all GSBC Youth Ministry policies, reporting procedures, rooming rules, transportation rules, and emergency instructions.

Adult Volunteer Printed Name: _____

Adult Volunteer Signature: _____

Date: _____

Administrative Notes & Recommended Attachments

<input type="checkbox"/> Copy of insurance card if applicable	<input type="checkbox"/> Medication in original container
<input type="checkbox"/> Emergency contact list for chaperones	<input type="checkbox"/> Room assignment sheet
<input type="checkbox"/> Bus roster	<input type="checkbox"/> Meal plan and allergy alert sheet
<input type="checkbox"/> Park group assignment sheet	<input type="checkbox"/> Incident report form
<input type="checkbox"/> First aid kit checklist	<input type="checkbox"/> Final parent itinerary
<input type="checkbox"/> Parent text update list	<input type="checkbox"/> Signed packet scanned or filed securely

Incident / Concern Report

Date/Time		Location	
Youth Name		Reported By	
Parent Notified?		Resolved?	

Description of incident or concern:

Leader Signature: _____

Date: _____