

GREAT ESCAPE

JULY 16-21

2018



FOR ALL QUESTIONS, CONTACT:
THOMAS ZAK
THOMAS@FPCBR.ORG
832-338-1823

WELCOME

Get ready to take the Great Escape!

Great Escape is our Middle School Summer Camp, located in at the Twin Lakes Camp in Florence, MS. We, along with 150 other middle schoolers from around the country, will get to explore the beauty of nature, worship, play games, compete, and draw closer to Christ as a church.

The Great Escape was the first and is the oldest continually running middle school conference in America today. Founded in 1982 with 300 young people, The Great Escape has grown to 6 different camps and conferences in Florida, Tennessee, Colorado, Wisconsin, Pennsylvania, and Mississippi.

The success of The Great Escape rests in the fact that the teams planning the events understand and know kids. Because so many of them are also full-time church youth leaders, they know that your number one goal for a summer conference experience is for your students to hear the message of Jesus.

Each week is packed full of recreation and activities as well as dynamic speakers, musicians, and other artists who understand how to communicate in real ways with young people.

The Great Escape is a tremendously fun and exciting atmosphere where students feel comfortable and loved, and where they will have the best week of their lives experiencing the love of Jesus! (excerpt taken from www.ycmhome.org)

Dates

July 16-21

Cost

\$500
Scholarships are available. Please contact thomas@fpcbr.org or josh@fpcbr.org

TRIP DETAILS

July 16

- Leave FPC at 10 am
(BE HERE AT 930 AM)
- Arrive at Twin Lakes by 2 pm
- Students will notify parents when we arrive
(minimal access to phones following arrival)
- Students need money for lunch

July 21

- Leave Twin Lakes around 8 am
- Arrive at FPC around noon
- Students need money for breakfast

HOUSING INFO & PACKING LIST

Housing Information

- Housing will be in cabins, separated by gender.
- Campers can request a roommate during sign-up online.
- We will provide a mattress for every student, so air mattresses are not necessary. You need to bring sheets or sleeping bags with you.

What to Bring

- Bibles, pens, journals
- Sleeping bag or sheets, pillow
- Towels, toiletries
- Bathing suit
- Clothing, NO short shorts or Tank Tops allowed
- Old clothing that can get dirty and non slip-on shoes
- Hat, sun block, water bottle, good tennis shoes
- Spending money for at camp, for snacks, t-shirts, CD's, etc
- Jacket or raincoat

What NOT to Bring

- Any form of mind altering substances
- Tobacco products
- Weapons of any kind
- Firecrackers
- Laser pointers
- Cell phones can be brought to notify parents of arrival and departure. Cell phones will be taken up and leaders will secure them in their rooms during the week.

EMERGENCY CONTACTS

Thomas Zak
832.338.1823
thomas@fpcbr.org

Whitney Alexander
Conference Director
225.810.2607
whitney@fpcbr.org

Youth Conference Ministries
1200 Mountain Creek Road, Suite 350
Chattanooga, TN 37405
423.624.2495

REFERENCE GUIDE

YCM Contact Information

Youth Conference Ministries
PO Box 4328
Chattanooga TN 37405
423-624-2495 office
423-624-7482 fax

Links

YCM — www.ycmhome.org

The Twin Lakes Trip Information — ycmhome.org/the-great-escape/schedule-ge/#post-432

The Twin Lakes Property — twinlakescamp.org

Mail letters to campers at:

Camper Name, Church and City
The Great Escape
Twin Lakes Camp
155 Milner Rd 39073
Florence MS

SEND MAIL EARLY!

Medical Information — **IMPORTANT!!!**


You will need to bring **BOTH COPIES** of the completed Medical Release Forms for each student whenever they are dropped off.



Youth Conference Ministries Permission, Release & Consent Form

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GROUP LEADERS:

 Make copies of this release form for each student in your group to complete.
 They MUST have their parent or legal guardian sign the following release.
 Youth Conference Ministries DOES NOT provide health insurance for campers.
 Attach a copy of their insurance card (if possible). 2 copies of this form are due at registration of the event (one for YCM and one for you to keep).

Event: _____ Date of Event: _____

Church Name: Group Leader: _____

Student Name (Please Print): _____

Address: _____

City, State, Zip: _____

Birth Date: Home Phone: _____

Email Address: _____

Male Female Age: _____ Grade (Next Fall): _____

I hereby give my permission for myself or my child to participate in an activity organized (herein "Event Activities") by Youth Conference Ministries, Inc. (herein YCM). I hereby release, hold harmless and absolve YCM, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the YCM staff or any adult counselor acting on behalf of YCM with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities, and further represent that my child has no physical or mental limitations to prevent me or my child from engaging in the Event Activities. Finally, I agree that YCM may tape or photograph my child and record his or her voice during their participation in the activity. I agree that YCM will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing YCM whether during the activity or thereafter.

I hereby release and discharge Youth Conference Ministries in Chattanooga, TN and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

If applicable, I am listing any medical problems or allergies: _____

Name of Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____

Emergency Day Number: _____ *Emergency Night Number:* _____

Signature of Parent or Legal Guardian: _____ *Date:* _____

First Presbyterian Church – Baton Rouge Liability Release Form

Participant Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

As a participant or parent / guardian of above minor child and participant in the programs or events of First Presbyterian Church of the City of Baton Rouge I do hereby release, forever discharge and hold harmless it, and its agents, employees, officers, directors, pastors, trustees, volunteers and insurers (collectively "FPCBR"), from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses arising at or out of such events.

This release covers any and all transportation or drivers provided by FPCBR who are properly licensed to drive, whether driving church owned vehicles or privately owned vehicles. This release also covers meetings on the FPCBR property or any other site during programs and activities.

I further consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, agree to pay all costs and expenses associated therewith.

Check here if you give FPCBR permission to publish and print, electronic, or video format the likeness or image of your child. By checking this box, you release all claims against FPCBR with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Participant's Insurance

Insurance Company: _____

Policy Number: _____

Known Allergies / Medication / Medical Problems: _____

Name of Parent / Guardian _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Signature of Parent / Guardian _____ Date _____

Staff Signature: _____

