



# WELCOME

## Get ready to take the Great Escape!

Great Escape is our Middle School Summer Camp, located at 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](http://www.ycmhome.org))

## Dates

July 15-20

## Cost

\$400

Scholarships are available. Please contact [paula@fpcbr.org](mailto:paula@fpcbr.org) or [whitney@fpcbr.org](mailto:whitney@fpcbr.org)

## July 15

- 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 20

- 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, CDs, etc.
- Jacket or raincoat

## What NOT to Bring

- Any form of mind altering substances
- Shaving cream
- Tobacco products (including chewing tobacco and vaping)
- 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

Paula Walker  
Youth Director  
337.370.1760  
[paula@fpcbr.org](mailto:paula@fpcbr.org)

Whitney Alexander  
Conference Director  
225.810.2607  
[whitney@fpcbr.org](mailto: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](http://www.ycmhome.org)  
The Twin Lakes Trip Information — [ycmhome.org/the-great-escape/schedule-ge/#post-432](http://ycmhome.org/the-great-escape/schedule-ge/#post-432) The Twin Lakes Property — [twinlakescamp.org](http://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

# 2019

### 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).

**ALL blanks MUST be filled in for individual to attend.**

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Church Name & Group Leader: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth (REQUIRED): \_\_\_\_\_

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: ( ) \_\_\_\_\_

**REQUIRED Printed Name of Parent or Legal Guardian:** \_\_\_\_\_

**REQUIRED 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: \_\_\_\_\_