

High School Beach Camp

***SOUTH PADRE ISLAND
JULY 9-14***



Trip Details

Travel Info:

July 9

- Meet at FPC at **6:00 am** (YES 6:00 AM)
- will arrive Padre by 4:00pm
 - students will call when we arrive and then have limited access to their cell phones.
- Students need money for 4 travel meals
- After this all meals and expenses are covered by registration fee
 - snacks and other activities are up to the individual

July 14

- Leave Padre around 6:00 am
- will arrive at FPC late afternoon

For more information email Josh at:

josh@fpcbr.org

214-293-2011



Trip Details

Who: All current 8th graders to graduated Seniors.
We have a few spots for College age Work Crew students.

Where: South Padre Island, TX. Housing is provided in Schlitterbahn.

What: High School Beach Camp for 5 days with 500+ students from all over the south. We will worship together with Casey Shock, hear great teaching from Joby Martin, dance, eat great Tex Mex, play outdoor beach games & grow closer to Christ!



For more information email Josh at:

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FITS Padre

- underwear
- socks
- t-shirts
- at least one long sleeve shirt or jacket - meeting room is cold
- pants / jeans
- money for four meals (around \$7 each)
- money for souvenirs
- clothes
- SwimSuit - appropriate attire - don't make us have you wear a t-shirt!
- Towel for beach
- watch
- toiletries
- medicine if needed (please have your parents inform Josh if you are taking any medication)
- Camera
- Bible
- Pen
- Notebook
- comfortable shoes
- water bottle
- Sunglasses
- SunScreen
- appropriate sleeping attire
- at least one nicer outfit - we are eating a nice meal at a restaurant
- Athletic attire (shoes, shorts, shirts, etc...) for Volleyball

check Weather.com before you start packing!!!



Youth Conference Ministries Permission, Release & Consent Form

| 2017

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 not 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: _____