



YOUTH

Ski Trip

Winterpark, CO

February 9-14th



Trip Details

When: February 9-14th
-Flying from NOLA
-Meet at Seigen Target at 4pm on February 9
-Flying Southwest
-Return Wednesday, February 14th @ 10 pm

Where: Winterpark Ski Resort, CO

How Much? \$1,000 (non-skier rate of \$600)
-\$900 early bird rate if you sign up by 11/19.

NEW THIS YEAR
additional \$75 to ski a 4th day

Where will be staying?

Vintage Hotel @ Winterpark

- We will be eating our meals in the Winterpark Village.
- You will be provided a sack lunch for the mountain each day we ski.
- You may purchase additional food on the mountain.

What to Bring:

Toiletries

Bible, Notebook, & Pen

Towel

Clothes

Jeans, Shorts, Pants

Swimsuits (Hot-Tub)

Shoes & Socks

T-shirts

Fleece or Warm jacket... it will be cold

Ski Clothes (Watch for sales at local ski shops)

Ski Jacket

Ski Pants or Ski Bib

Ski Gloves or Mitts

Toboggan or beanie to keep your head warm

Ski goggles or sun glasses

Wool Socks or synthetic socks (avoid cotton)

Thermal shirts or Under-Armor shirts are encouraged

Flashlight

Water bottle

Medicine if needed

Sunscreen

Extra money for snacks or souvenirs



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: _____