





# November 17-19

Who: All current 6th graders to 12th grade students. \*We will have separate HS & MS camping areas, but will be traveling together.\*

Where: Chicot State Park

What: Our Fall retreat to get away to connect with one another and be with God in his beautiful creation. We will be camping in tents, hiking, playing fun games, cooking our own food, making s'mores, exploring, worshipping, and having a blast.

## **Trip Details**

November 17 -Meet at the Church parking lot at 430pm -We will eat dinner on the road -Arrive at camp/ setup

November 19 -Leave Chicot a little before noon -We will eat lunch on the road -Should arrive at FPC around 230 pm.

For more information email Josh at: josh@fpcbr.org 214-293-2011

# What to Bring

Sleeping Bag/Pad and Pillow Towel Underwear Socks **T-shirts** At least one long sleeve shirt or jacket Pants / jeans Money for two meals (\$20) 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 Backpack **Sunglasses** SunScreen Appropriate sleeping attire Athletic attire (shoes, shorts, shirts, etc...) for games.

Check the weather before you start packing!!!



### **First Presbyterian Church – Baton Rouge Liability Release Form**

Participant Name		Date of Birth	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 / Medi	ical Problems:		
Name of Parent / Guardian			
Address	City	State	Zip
Emergency Contact	Phone		
Signature of Parent / Guardian		D	ate
Staff Signature:			