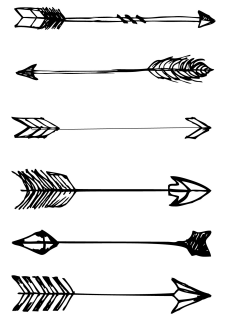


CAMP OUT



November 9-10

Who: All current 6th to 12th grade students.

Where: Fontainebleau State Park
67825 Highway 190
Mandeville, LA 70448

Cost: \$40

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

Trip Details

November 9

- Meet at the Church parking lot at 430pm
- Arrive at camp/ setup

November 10

- Leave Fontainebleau around 430pm
- Should arrive back at FPC around 6 pm

For more information email/call Thomas at:
thomas@fpcbr.org 832-338-1823

What to Bring

Sleeping Bag/Pad and Pillow

Towel

Underwear

Socks

T-shirts

At least one long sleeve shirt or jacket

Pants / jeans

Toiletries

Medicine if needed

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 _____

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: _____