



Trip Details

Travel Info: July 11

- -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 3 travel meals
- -After this all meals and expenses are covered by registration fee -snacks and other activities are up to the individual

July 18

- -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 at the Travelodge Hotel.

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 Kenn Kington and Nigel, dance, eat great Tex Mex, play outdoor beach games & grow closer to Christ.





For more information email Josh at:

josh@fpcbr.org

214-293-2011

FITS Padre

- underwear
- socks
- · t-shirts
- at least one long sleeve shirt or jacket meeting room is cold
- pants / jeans
- money for two 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 polo or nicer shirt we are eating a nice meal at a restaurant
- Athletic attire (shoes, shorts, shirts, etc...) for Volleyball, Dodgeball, Football & Basketball

As of Today,

It's in the 90s but rainy... so check Weather.com before you start packing!!!

Special Attire:

DODGEBALL - Each

dodgeball team comes to compete in skill and attire. Bring silly clothes to dress up for a fun and exciting game like the students will as well.



➤ GROUP LEADERS:

Make copies of this release form for **EACH** student in your group to fill out. 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:	Birth date:
City, State, Zip:	Home Phone:
E-mail Address:	
Male Female Age: Grade (next fall): 7 8 9	10 11 12 graduated senior
I Hereby give my permission for myself or my child to participate in an activity organiz. Ministries, Inc. (herein YCM). I hereby release, hold harmless and absolve YCM, their chave participated in the planning, organizing and implementing of the activity, be the from responsibility and liability for any illness, injury, misadventure, harm, loss or ince participation in the activity. I understand that in the event I or my child requires mediable efforts will be made to contact my designated emergency contacts; however, if my permission to the YCM staff or any adult counselor acting on behalf of YCM wi examination, medical, dental or surgical diagnosis; treatment; and hospital care advise (as appropriate) licensed to practice under the laws of the state where the services are To the best of my knowledge, I have listed below all my child's medical allergies, mepertinent information. I hereby represent that I have, or my child has the experience activities, and further represent that my child has no physical or mental limitatic Event Activities. Finally, I agree that YCM may tape or photograph my child and reconstrivity. I agree that YCM will be able to use them, in whole or in part, whether in cincluding without limitation, for the purpose of advertising, promoting, and publicizing I hereby release and discharge Youth Conference Ministries in Chattanooga, TN and all or causes of action that I have in connection with the use and exercise of the rights of the purpose of action that I have in connection with the use and exercise of the rights of the purpose of action that I have in connection with the use and exercise of the rights of the purpose of action that I have in connection with the use and exercise of the rights of the purpose of action that I have in connection with the use and exercise of the rights of the purpose of action that I have in connection with the use and exercise of the rights of the purpose of action that I have in connection with the use and exercise of the rights.	officers, staff, sponsors, vendors, and all others who be individuals or organizations, singly or collectively, onvenience suffered or sustained as a result of the ical treatment while engaged in the activity, reasonthey cannot be reached, I hereby consent and give ith respect to the activity, to consent to any X-ray ed and supervised by a physician, surgeon or dentist erendered, either as an outpatient or in any hospital. dications being taken, medical problems and other and is physically and mentally capable to engage in ions to prevent me or my child from engaging in the ord his or her voice during their participation in the original or modified form in any manner or media, ing YCM whether during the activity or thereafter.
Medications currently taking:(including birth control for girls)	
Past medical conditions:	
Name of Insurance Company:	
Policy Number:	
Emergency Contact Person:	
Emergency Day Number: Emergency Night Number:	
Signature of Parent or Legal Guardian	Date: