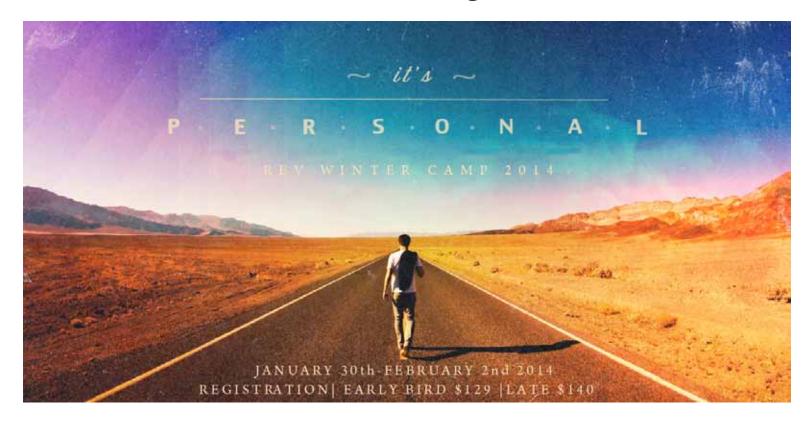
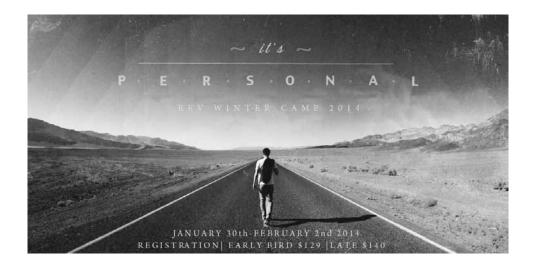
Winter Camp for Middle-High School Students Information & Registration





Cost:

\$129 if paid by January 5. \$140 after.

- Multiple family member discount: When one student pays full price, each family member thereafter receives a \$10 discount
- \$15 off your camp fee for every fully paid friend you bring that does not attend REV

Payment Options:

- Pay by check or cash at a REV gathering or during the week at the LifePoint office Office hours: M-Th 8:30am-4:30pm, Fri. 8:30-11:30am
- Pay with debit/credit card by using a giving envelope (please mark as "winter camp")
- Pay securely online by using the "ONLINE GIVING" button on our home page
 @ www.lpcvan.com

Registration:

Please return the attached Activity Permission/Waiver with payment no later than January 29.

Schedule:

Drop-off: At LifePoint, Thursday, January 30 @ 6:00pm Pick-up: At LifePoint, Sunday, February 2 @ 1pm

Location:

The first night of camp will be at LifePoint Church.

January 31- Feb 2 will be at Camp Arrah Wanna, 24075 E. Arrah Wanna Blvd. Welches OR 97067.

Stuff to Bring:

Bible/journal
Bedding (like sleeping bag/pillow)
Change of clothing
Snow clothing
Toiletries
Prescription medication
Snacks

Stuff Not to Bring:

Cell phone iPod

CONSENT/ RELEASE FOR LIFEPOINT CHURCH CAMP

My child or I will be participating in a LifePoint Ch	nurch activity:			
	Enter description and date of activity here			
NOTE TO PARTICIPANT/PARENTS-GUARDIANS : Lift one. However, in the event of an accident or illnes		-	a safe and healt	hy
Name of Participant:	Birth date:	Grade:	Sex: \square M	□ F
Last, First, Middle Initial				
Home Contact Info:				
	Parents/Guardian/Spouse Name, Cell Nur	mber		
Parent/Guardian Email:				
Home Contact Address:				
Emergency Backup Contact Info (Different from ab	pove):			
	Nai	ne, Number		
Any allergies or other medical needs?				
Any prescribed medications? \square No \square Yes. If ye (Any and all prescription medications must be in the origonal leaving for the event)				 ult prior t
If needed, do you authorize giving over-the-counte	er pain medication (e.g. Tylenol, Advil) to	your minor? \Box	No	
Limits to activities:				
Name of Physician:	Physician Phone:			
Medical Insurance Company:	Policy	Number:		

Liability Release

In consideration of LifePoint Church allowing the Participant to participate in the stated activity/event, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless LifePoint Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activity/event. We (I) have explained the meaning of "hold harmless" to our (my) minor Participant and his/her signature below indicates his/her to do the same. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in the stated activity/event.

Furthermore, we (I) [and on behalf of our (my) minor participant] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in the stated activity/event. Authorization and permission is hereby given to the Church to furnish any necessary transportation (within the limitations of church insurance and the law), food, and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify the Church for any liability sustained by the Church as a result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.

Medical Treatment Permission

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medial Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization.

Transportation Permission

The undersigned does also hereby give permission for our (my) Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in the activity/event. My child understands that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Early Return Home Policy

Should it be necessary for the Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

I hereby grant LifePoint Church permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of LifePoint Church, including the Internet.

A copy of this form shall be as valid as the original.

(Participant), to participate in stated activity/event.					
Parent/Guardian Signature:	Date:				
Parent/Guardian Signature:	Date:				
Signature of Participant (Student) :	Date:				
How are you Paying? ☐ Check ☐ Cash ☐ Online	☐ Credit/Debit				

I (we) understand and agree to the terms stated in this consent/release form and hereby give permission for my (our) son/daughter