

Winter Camp for Middle-High School Students Information & Registration



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REV WINTER CAMP 2014

JANUARY 30th - FEBRUARY 2nd 2014
REGISTRATION | EARLY BIRD \$129 | LATE \$140

**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 Church activity: _____
Enter description and date of activity here

NOTE TO PARTICIPANT/PARENTS-GUARDIANS: LifePoint Church wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant: _____ Birth date: _____ Grade: _____ Sex: ☐ M ☐ F
Last, First, Middle Initial

Home Contact Info: _____
Parents/Guardian/Spouse Name, Cell Number

Parent/Guardian Email: _____

Home Contact Address: _____

Emergency Backup Contact Info (Different from above): _____
Name, Number

Any allergies or other medical needs? _____

Any prescribed medications? ☐ No ☐ Yes. If yes, what: _____
(Any and all prescription medications must be in the original prescription container with the label on it and submitted to the authorized adult prior to leaving for the event)

If needed, do you authorize giving over-the-counter pain medication (e.g. Tylenol, Advil) to your minor? ☐ No ☐ Yes

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 Medical 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.

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