



YOUTH WINTER RETREAT 2016

February 26th - 28th

Pine Summit Camp, Big Bear CA

Jr. High & High School

Sign up in the Youth Room by Feb. 10th
(or you will not get a t-shirt)

For more info:

ccsantee.com/events • chris@ccsantee.com • (619) 258-1946



Youth Permission Trip Form

Calvary Chapel Santee

10920 Summit Avenue, CA 92071

619-258-1946

<u>Calvary Chapel Youth Winter Retreat 2016</u>	<u>2/26/15 - 2pm</u>	<u>2/28/15 - 3pm</u>	<u>\$ 120.00</u>
Name of Sponsored Activity / Event	Event – Begins	Ends	Cost

STUDENT INFORMATION:

_____	_____	_____	_____
Name of Student	Birth Date	Grade	T-Shirt Size
Address: _____		City: _____	Zip: _____
Home Phone: _____		Student Cell: _____	
Father's Cell: _____		Email: _____	
Mother's Cell: _____		Primary Email Address	

EMERGENCY & MEDICAL INFORMATION

_____	_____	_____
Emergency Contact Name	Phone	Relation to student
Allergies? _____	Taking Medication? _____	
Are there any restrictions we should know of? _____		
Health Ins. Carrier: _____	Policy Number: _____	
Physician Name: _____	Phone: _____	

I, the undersigned parent, give authorization and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered as necessary by a qualified member of the medical staff of a licensed hospital. It is understood that all efforts will be made to contact me prior to rendering treatment, but treatment will not be withheld if I cannot be reached. I will not hold Calvary Chapel Santee or its employees, officers or agents responsible in the case of any accidents.

Parent Signature

Date

RELEASE OF LIABILITY

I, THE UNDERSIGNED, AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE PRACTICUM, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee and/or its organizers. As part of participating in said practicum, I have and do hereby assume all the risks and will hold Calvary Chapel Santee and its affiliates, workers and employees harmless from any liability, actions, suits, legal or otherwise.

UNDER NO CIRCUMSTANCES will Calvary Chapel Santee and/or its organizers be held responsible for:

1. Illness, death, accidents or injury;
2. Delays, personal injury, property damage or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorist activities;
3. Loss of personal property, possessions or monies;
4. Any act of neglect of any person or company whose services are trained by Calvary Chapel Santee for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee;
6. Additional expenses, if incurred under any of the above circumstances, are the responsibility of the participant (yourself.)

I hereby also acknowledge the fact that Calvary Chapel Santee and any of its workers, servants, volunteers, and/or employees have the right to terminate participation my son/daughter in this practicum at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

PRINT – Parent Name

Today's Date

Signature of Parent

(Return this form to the Bookstore with payment)

The Salvation Army - Pine Summit

CONSENT AND WAIVER OF LIABILITY

THIS DOCUMENT (FRONT AND BACK) CONTAINS A WAIVER OF LIABILITY. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.

- please print -

Group Name: JOSHUA SPRINGS CALVARY CHAPEL Group Date: Feb 26-28, 2015
Full name of Camper: _____ Gender: _____ Date of Birth: _____

In exchange for permission to participate in The Salvation Army - Pine Summit programs and activities ("Camp"), I or my minor child named above ("Camper") agree to the following:

Consent to Attend Camp (Where Camper is a Minor)

I hereby give permission for minor Camper to attend and participate in Camp.

WAIVER of Liability

I understand that some of the activities at Camp involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Consent and Waiver of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities. I agree to assume all risks of Camper's participation, whether such risks are known or unknown to me at this time and hereby waive any and all claims I or my Camper may have against Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, for property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Waiver of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

I understand that by signing this Consent and Waiver of Liability, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Consent and Waiver of Liability shall remain unaffected.

FIRST AID

Camp may provide minor emergency medical treatment at the request of the Group or Camper, provided that qualified staff is available. Otherwise, all medical emergencies will be referred to the nearest medical treatment facility.

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

Adherence to Policies and Guidelines

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

Medical Insurance Information

Insured's Name: _____ Company: _____ Policy Number: _____

Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)

Doctor's Name: _____ Doctor's Phone: _____

Date of last MMR: _____ Date of last Hepatitis B: _____ Date of last Tetanus: _____

Are all other vaccinations up-to-date? Yes No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): _____

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): _____

Will the Camper be under any medication(s)* while at camp? Yes No If yes, please list medication(s): _____

**** (All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)***

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary. Yes No
If yes, please list any over-the-counter medications that should **not** be given: _____

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities? Yes No
If yes, please provide details: _____

Does the Camper have? Sinus Trouble/Hay Fever Heart Trouble Epilepsy Asthma Diabetes

By signing below, I acknowledge that I have read this document that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

_____		_____	
Signature		Date	
_____		_____	
Print Name		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____		_____	
Emergency Contact (if same write "Same")		Phone Number	

If you have any allergies or special dietary needs – please bring your own food.

We have refrigerators and microwaves to accommodate your needs.

If you would like to see a menu, please ask your Retreat Planner.

Thank you



SCHEDULE AND PACKING LIST: KEEP THIS SHEET

DEPARTING:

Friday Feb. 26th

Meet at CCSantee Parking lot between 1:30-2:00pm.
We're Departing as close to 2:00pm as possible.

RETURNING:

Sunday Feb. 28th

We'll be back at the church parking lot around 3pm,
we will have kids call when we get close.

CHECKLIST:

What to bring:

Study Tools:

- Bible
- Pen/Highlighter
- Notebook

Toiletries:

- Toothbrush
- Toothpaste
- Deodorant
- Wash Clothes
- Towel
- Shower Shoes
- Soap

Bedding:

- Sleeping Bag, or blankets, sheets, etc.
- 1 pillow

Clothing: (There may be snow so bring accordingly.)

- Warm Clothes
- Extra Socks
- Athletic Shoes
- Warm Pajamas

Money: (There's a snack bar/coffee shop at camp.)

- \$ if you want to buy snacks
- \$ if you want to paintball (\$10/load)
- At least \$5 for lunch on the drive home
(usually In-n-out Burger)

What NOT to bring:

Ipods/Mp3 players
PSP's, Nintendo DS etc.
Laptops
Any unnecessary items.
Don't set yourself up to be distracted!

* Cell phones are allowed but required to be off
during all sessions and workshops
(No electronic Bibles)

CONTACT INFORMATION:

Pastor Chris: (619) 342-6488

Pine Summit Christian Camp: (909) 878-0140 — pinesummit.com