

# BREAKAWAY 2012

SPRING BREAK RETREAT \* MARCH 12-15

Permission Slip  
Due:  
February 29



*\*ONLY 48 spots available\**

**WHO:** 5th-8th grade students

**WHAT:** FPC-Kingwood is going on a trip - and we're taking everyone!

**WHERE:** Deer Creek Camp - Medina, TX    [www.deercreekcamp.com](http://www.deercreekcamp.com)

**TIME:** Meet at church: Monday 10AM - Back at church: Thursday 5pm

**COST:** \$175

**QUESTIONS:** E-mail Angie: [angie@fpc-kingwood.org](mailto:angie@fpc-kingwood.org)

I give permission for my child, \_\_\_\_\_, to join with the FPCK Student Ministries on the BREAKAWAY Spring Break Retreat. I agree to hold harmless FPCK and its adult leaders for any injury sustained by the above individual while participating in the above mentioned activity. I understand that the student will be transported in adult driven vehicles to and from FPCK and will return to FPCK. If I cannot be reached, I give my permission for adult volunteers to acquire medical treatment for my child if needed.

Signature of Parent: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade of Student: \_\_\_\_\_

**FIRST PRESBYTERIAN CHURCH  
AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE 2011/2012: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CLOSE RELATIVE OR FRIEND: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\*\*\*\*\*

ANY KNOWN ALLERGIES REQUIRING SPECIAL ATTENTION: \_\_\_\_\_

ANY RESTRICTIONS THAT SHOULD BE OBSERVED: \_\_\_\_\_

DATE OF LAST TETNUS SHOT: \_\_\_\_\_

PRESCRIPTION TAKEN ON REGULAR BASIS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\*\*\*\*\*

HEALTH INSURANCE GROUP: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

INSURANCE COMPANY ADDRESS: \_\_\_\_\_

INSURANCE COMPANY PHONE: \_\_\_\_\_

(OVER)

I hereby grant permission for my child to participate in all of the activities of the church.

I hereby grant permission for my child to leave the church premises under the supervision of an adult for church related activities.

I hereby waive any claim against First Presbyterian Church of Kingwood.

I hereby grant permission for the Minister, Staff Person, Acting Director, or authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parents or guardians through the numbers listed on this form.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do any one or all of the following:
  - a. call another physician or paramedics,
  - b. call an ambulance,
  - c. have the child taken to an emergency hospital in the company of a staff member.
4. Any expenses incurred under #3 above will be borne by the child's family.
5. The church will not be responsible for anything that may happen as a result of false information given at the time of registration.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

STATE OF TEXAS

COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

\_\_\_\_\_  
Notary Public and for Texas

# Welcome

(To be photocopied and distributed to each participant. This form must be returned prior to the time of registration.)

## Deer Creek Family Camp, Inc.

And

## First Presbyterian Church of Kingwood

March 12, 2011 – March 15, 2012

### Participant's Assumption of Risk and Release

(Please Print Clearly)

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Address City/State Zip Phone

E-mail: \_\_\_\_\_ \*please include me in the camp news e-mail list: yes  no

I recognize there is an element of risk in activities I may participate in while staying at Deer Creek Family Camp, Inc, and as a result of or in preparation for my participation in any activity, housing, recreation, food service or similar activity while at or in transit to or from Deer Creek Family Camp, Inc.

**I hereby release, indemnify, and hold harmless Deer Creek Family Camp, Inc. and First Presbyterian Church of Kingwood**, its agents, owners, officers, and employees from and against any and all claims, liabilities, suits, actions, damages, or losses, including without limitation, all costs and attorney's fees and including without limitation any act, omission, negligence or gross negligence of Deer Creek Family Camp, Inc. and First Presbyterian Church of Kingwood, its agents, owners, officers, and employees which may arise from or in any way be connected with my stay or participation in activities at Deer Creek Family Camp, Inc. and First Presbyterian Church of Kingwood. I agree that any dispute concerning, relating, or referring to this contract, or my retreat experience, shall be resolved exclusively by binding arbitration according to the then existing commercial rules of the American Arbitration Association and the substantive laws of Texas. Venue for any dispute shall be Bandera County, Texas.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### For a minor in parental care

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Deer Creek Family Camp, Inc. director to: hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child. I grant permission for my child to participate in all activities offered at camp. The following health disabilities or restrictions that camp staff should be aware of include:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
(For participants under 18 years of age)

\_\_\_\_\_  
Date

# BREAKAWAY-DEER CREEK CAMP



**Trip Contact:** Angie Alanowski

**Office:** 281.360.5555

**Cell:** 713.449.8104

**Email:** angie@fpc-kingwood.org

## **Contact Information:**

Deer Creek Camp

494 Elm Creek Road

Medina, TX 78055

Contact: Jim Behling

Camp Phone: 830.589.7123

## **FPC-Kingwood Leaders:**

Angie Alanowski                      713.449.8104

Matt Davis                              832.785.9397

## **Meeting and Return Times:**

Monday, March 12

Meet at FPC-Kingwood: 10AM

Thursday, March 15

Return to FPC-Kingwood: 5:00pm (estimate)

## **Packing List:**

- Sleeping Bag/Pillow or Sheets/Blanket
- Toiletries
- Jeans, sweatshirt, shorts, t-shirts (Parents, please assist and make sure students pack appropriate clothing!)
- Clothes that can get messy
- Outfit for the Hillbilly Hoedown Dance
- Bathing suit-modest please!
- Towel
- Tennis Shoes
- Water Bottle
- Insect Repellent
- Sun screen
- Bible, journal, pen or pencil
- Medication (will be given to adult leader and distributed as needed)

## Deer Creek Camp...here we come!

As we prepare to pack up and head out, we would like to provide a detailed information sheet designed to stay here in Kingwood - to help you pack, know when to drop off and pick up your students, and tell you how to get in touch with us while we are traveling and at Deer Creek Camp. Prior to the trip, please contact Angie at FPC-Kingwood if you have any questions.

We should arrive at Deer Creek Camp in the late afternoon on Monday, March 12. We will leave Deer Creek Camp on Thursday morning and should be back in Kingwood that night around 5:00pm.

Please send enough money for meals in transit, a little spending money for the camp store, and of course, the stop to Buc-ees! We are asking that students do not bring their cell phones on this retreat. Cell phone reception will be at a minimum!

We are very excited for this retreat and all the things that God is preparing for us at Deer Creek Camp!