

Dear Journey JHM and HSM Parents and Students,

JOURNEY CHRISTIAN CHURCH

I am so excited that your student has signed up for our Student Ministries Winter Camp. The opportunity to spend extended and unbroken time in Christian community with peers and leaders is invaluable in a student's life as they growth in their faith. I believe that God is going to work in the lives of our students over the course of camp and I want to ask you as parents to partner with us in the process. One of the most important things you can do for your students is to spend time each day in prayer for them. We ask that you would pray for God's Spirit to be moving in the students' hearts and revealing his love in more depth and clarity than ever before as we talk about what it means to abide in him.

Remember that camp is from February 8th-February 10th. We will be leaving for camp from the church parking lot at 12:30pm. Please arrive at 11:30am for student check in. We will return to church on Sunday February 10th around 2:00pm.

Enclosed in this packet you will find:

- 1) Updated Journey medical release form
- 2) Packing list for the week

Per Journey policy we do need a current medical release form for all students attending camp, so please fill out the attached form (front and back) if you have not previously turned in a 2018-2019 Journey Medical form. These forms are absolutely essential and we must have them in hand before we leave. **All forms must be turned into our office on or before the day we leave for camp; February 8th.**

I am aware that many students have school on Friday February 8th that goes later than 11:30am. We ask that students get out of school early that day so that we can avoid icy and snowy weather and the traffic that comes with that on our way up the mountain.

If you have any questions or concerns please feel free to contact me. I will have my phone with me throughout the duration of camp and can be reached in case of emergencies. My cell number is (425) 533-4320.

Blessings,

Andrew Wood and Jake Duke
Pastor of Student Ministries
Associate Pastor of Student Ministries

Journey Christian Church

4849 Alton Parkway (corner of Alton and Creek)
Irvine, CA 92604
Office ph. 949-786-4849

CONSENT AND LIABILITY RELEASE FORM

It is my desire that my child/ward participate in the activities of Journey Christian Church, therefore:

I, the undersigned parent/guardian of _____, do hereby authorize an adult sponsor of Journey Christian Church or any responsible adult person bearing this written authorization, into who's said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not be limited to, any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury to my child/ward, I agree that I/we and my healthcare insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities.

RISK

I am aware that the activities my child is engaging in (as well as any necessary medical treatment provided as a result of said activity) may involve hazards and risks of significant injury or death as one of the results associated with the activity. I have considered these risks and I still wish my child/ward to participate in said activities despite the gravity of said risks. Furthermore, I agree not to bring any legal action against Journey Christian Church, staff, sponsors or person making the medical decisions as a result of any injury sustained while engaging in the church sponsored event (or any subsequent medical treatment provided thereafter) or injuries/death suffered in the course of his/her participation.

DISPUTE

Any disputes arising between myself and Journey Christian Church or its agents/chaperones concerning injuries to my child/ward shall be resolved by arbitration with Judicate West. This waiver is hereby acknowledged as a valid defense, and should the arbitrator/judge find, a complete defense to any claims/lawsuits. The cost of the arbitrator is to be shared equally by the parties.

TERM OF AGREEMENT

This authorization will remain in effect from June 1, 2018 until June 1, 2019, while the minor above is enroute to or from or involved or participating in any program or activity authorized by Journey Christian Church, unless revoked by the undersigned in writing and delivered to the agent of Journey Christian Church.

Dated Signature Relationship

Dated Signature Relationship

Address City, State, Zip

Daytime Phone Evening Phone

Student's Name: _____ Age: _____ Sex: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip _____

Birthdate: _____ Name of Parent: _____

Name of Parent: _____

Duration of this consent form: From(Mo/Yr) June 2018 Until(Mo/Yr) June 2019

Emergency Information:

Parent(s) Work Phone: (_____) _____ (_____) _____

Alternate Contact Name: _____ Relationship: _____

Health History:

_____ Allergies _____ Asthma _____ Medication/Drug Allergies

_____ Hay Fever _____ Insect Stings _____ Seizure Disorder

_____ Diabetes _____ Epilepsy _____ Emotional/Mental Handicap

_____ Cardiac _____ Chronic Asthma _____ Nervous Disorder

_____ Physical Handicap

_____ Other _____

*If you have marked any of the above, please list the details: _____

Activity Restrictions: _____

Date of last Tetanus Shot: _____

Insurance Information:

Policy Holder: _____ Policy #: _____

Name of Insurance Company: _____

This health history is correct, and the person herein described has permission to engage in all church activities except as noted above.

In the event that I cannot be reached in an emergency during the church activity, I hereby give permission to the physician or dentist to secure proper treatment and/or to order injection, anesthesia, or surgery for my child as deemed necessary.

I also authorize Journey Christian Church representatives to administer medical aid as required for illness or injury under a physicians orders.

Signature of Parent(s) or Guardian(s): _____ Date: _____

_____ Date: _____

Packing List:

- Bible, Journal, & pen
- General toiletries: toothpaste, toothbrush, shampoo, bath towel
- Clothing for two/three days (PJs, and normal clothes for inside)
- Snow clothes (jacket, pants, boots, gloves, beanie, scarf)
- At least two pairs of long pants/jeans and sweatshirt; evenings can be very cold (bring layers)
- At least two pairs of shoes (in case one pair gets wet)
- Clean socks (bring extras, they will get wet)
- Spending Money (For lunch on way home – Recommended \$10–15)
- Chap stick
- Flashlight
- **Sleeping bag and pillow/blankets!**

Medications & Food Allergies:

Must be in their original pharmacy container along with written instructions.

All in a Ziploc plastic bag with the camper's name printed on it. (PLEASE NOTE: meds not in the original container will not administered to students.)

-Let us know about any food restrictions ASAP so we can inform Pali Retreat

Please DO NOT bring the following items:

- Weapons, such as knives or any other item or weapon designed to hurt someone
- Air Soft Guns
- **Cell phones** (you can bring it but we will encourage you

to leave it in your room), computers,

- Any electronic games including Nintendo DS and other electronic video games.
- Sleds, tubes, snowboards or any other large snow toys
- Please, please avoid preventable heartache; do not send anything that is irreplaceable.

General Information

Camp Security: For the safety of all campers, Pali Retreat

DOES NOT allow visits by anyone other than church staff during camp.