



summer 2017

FUN IN
THE SON

**COVENANT STUDENT
MINISTRIES**
JULY 10-14
(incoming 9th-12th)

Fun in the Son 2016

Dates: July 10–14

Cost: \$575 by April 1
\$625 after April 1

Full Payment is due July 2nd

Information: Deposit of \$100 and registration can be turned into the Student Ministries office Monday-Thursday before 4 pm or turned into a student ministries staff member during our programs on Sunday mornings or Wednesday evenings.

About the Trip:

Fun in the Son?

Every year Youth Conference Ministries puts on an amazing conference that takes place in South Padre Island, Texas. YCM is one of the oldest and best known conference organizations in the nation. It's middle school conference, The Great Escape, is one we have been attending for years. FITS conference features amazing speakers and worship leaders from all over the world. We are so excited to get to spend the week at the conference.

How are we getting there?

We are taking vans to South Padre Island. We will depart Covenant Presbyterian Church at 8:30 am on Monday, July 10th. We will arrive in Padre that afternoon. We will depart Padre on Friday, July 14th at 8am. We will arrive back in the Covenant Presbyterian Church parking lot that afternoon, around 3pm. (Exact times are to be determined.)

How many other students go to this conference?

There are over 300 students who attend this conference! It is such a fun week!

Where are we staying?

We are staying in the amazing Schlitterbahn Resort! The entire camp takes over the hotel which is on the beach and we have access to the water park all week!

What does the daily schedule look like?

We will have a morning meeting and an evening meeting at the hotel ballroom. These meetings will be the time when we will engage in worship and hear from our amazing speakers. The afternoon will be spent together on the beach, shopping, relaxing, and taking in the beauty of the ocean.

What about meals?

The conference provides all of our meals while we are at camp. The only meals students will be responsible for are during travel. Each student needs to bring money for 2 meals during travel. They also need to bring any additional money they might want for purchasing snacks and souvenirs. Please let us know if you have any type of food restrictions before camp. Schlitterbahn is happy to accommodate any food restrictions.

**About the Trip:
(continued)**

What do you need from me?

We need your balance, which is due on **July 2nd**. We also need your Covenant liability and release form/ medical emergency form as well as the YCM form—both are included in your packet.

How many leaders are going?

We will be taking 8 leaders to FITS. This will leave us with a 1 to 5 leader to student ratio. We promise your student will have appropriate supervision.

Cancellation Policy

All deposits are non-refundable. In the unlikely event that a student should have to back out after June 1st, the family will be responsible for finding a replacement or covering the entire cost of the trip.

Packing List

the essentials:

- Bible journal pen pillow toiletries bath towel
- bathing suit beach towel clothes (hot and cold temperatures)
- hat sunscreen water bottle athletic shoes flip flops
- shoes travel money jacket trashbag sleeping bag
- snacks for your room

the optional accessories:

- watch/alarm clock spending money movies
- beach ball sunglasses camera snacks

the leave behinds:

- tobacco products weapons laser pointers alcohol
- firecrackers ipads/laptops



Youth Conference Ministries Permission, Release & Consent Form

2017

GROUP LEADERS:



Make copies of this release form for each student in your group to complete.
 They **MUST** have their parent or legal guardian sign the following release.
 Youth Conference Ministries **DOES NOT** provide health insurance for campers.
 Attach a copy of their insurance card (if possible). 2 copies of this form are due at registration of the event (one for YCM and one for you to keep).

Event: _____ Date of Event: _____

Church Name: Group Leader: _____

Student Name (Please Print): _____

Address: _____

City, State, Zip: _____

Birth Date: Home Phone: _____

Email Address: _____

Male Female Age: _____ Grade (Next Fall): _____

I hereby give my permission for myself or my child to participate in an activity organized (herein "Event Activities") by Youth Conference Ministries, Inc. (herein YCM). I hereby release, hold harmless and absolve YCM, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the YCM staff or any adult counselor acting on behalf of YCM with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities, and further represent that my child has no physical or mental limitations to prevent me or my child from engaging in the Event Activities. Finally, I agree that YCM may tape or photograph my child and record his or her voice during their participation in the activity. I agree that YCM will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing YCM whether during the activity or thereafter.

I hereby release and discharge Youth Conference Ministries in Chattanooga, TN and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

If applicable, I am listing any medical problems or allergies: _____

Name of Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____

Emergency Day Number: _____ Emergency Night Number: _____

Signature of Parent or Legal Guardian: _____ Date: _____

WAIVER AND RELEASE OF LIABILITY

I understand that Covenant Presbyterian Church ("the Church") is sponsoring Fun in the Son Camp from July 10-14, 2017 and that the Event involves driving, to South Padre Island. In partial consideration for being allowed to participate in the Event, I understand and agree as follows:

1. I fully understand that participation in the Event may result in personal injury or property damage. Although I fully appreciate these risks, I desire to be allowed to participate in the Event. I further ACKNOWLEDGE AND UNDERSTAND THAT NO WARRANTY, EITHER EXPRESSED OR IMPLIED, is made by the Church regarding the Event, as to any conditions concerning the Event, THAT DANGEROUS CONDITIONS MAY EXIST AND THAT THIS DOCUMENT IS SUFFICIENT WARNING that travel to and from and my presence on the Event may expose me and my property to risks. I EXPRESSLY ASSUME ALL SUCH RISKS with the understanding that I am voluntarily exposing both my person and property to same.
2. For the privilege of being allowed to participate in the Event, I agree to fully release, indemnify and hold harmless Covenant Presbyterian Church, its Session consisting of the Board of Trustees, employees, agents, representatives, assigns, officers, affiliates, insurers, attorneys and all persons, natural or corporate, in privity with it or any of them (hereinafter collectively referred to as "Released Parties"), from any and all claims, causes of action, including any sort of personal injury or death which arises out of or occurs to the undersigned or his or her personal property or minor child while participating in the Event and while involved in any activities associated with the Event, including but not limited to lodging, meals and other accommodations and travel to and from the Event, REGARDLESS OF WHETHER SAME MAY RESULT FROM THE RELEASED PARTIES' NEGLIGENCE OR GROSS NEGLIGENCE. I further agree for myself, my heirs, successors and assigns THAT I WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY SUIT OR ACTION AT LAW OR IN EQUITY AGAINST THE RELEASED PARTIES OR THEIR RESPECTIVE HEIRS, SUCCESSORS OR ASSIGNS. I further covenant and agree that I SHALL DEFEND AND HOLD THE RELEASED PARTIES HARMLESS FROM ALL SUCH CLAIMS, SUITS OR ACTIONS BROUGHT NOW OR IN THE FUTURE BY ANY PERSON CLAIMING BY, THROUGH OR UNDER ME.
3. I understand that if I am sending my minor child or children, or bringing any minor child or children with me, on the Event, it is expressly understood that I am signing this Release on behalf of my minor child or children and that the Release and Indemnity paragraph above fully applies to said minors.
4. I understand and agree that the Released Parties are not responsible for any losses or additional expenses that I may incur due to delay or changes in air travel or other services, sickness, weather, strike, war, quarantine, acts of God or other causes. I understand that I will bear such losses or expenses, including damages incurred due to baggage loss and/or loss of personal possessions.
5. I understand and agree that once airfare has been arranged, I assume responsibility for payment of airline tickets, unless other arrangements have previously been made. I understand that if I cannot attend the Event or the Event is cancelled, I may still be responsible for full payment of the airline tickets.
6. I agree that the terms of this Waiver and Release of Liability shall be construed in accordance with the laws of the State of Texas and that jurisdiction and venue for any legal proceedings shall be in the courts of Travis County, Texas.

PARTICIPANT INFORMATION
_____ PARTICIPANT'S SIGNATURE
_____ PARTICIPANT'S PRINTED NAME
_____ PARTICIPANT'S ADDRESS
_____ DATE

MINOR CHILD'S INFORMATION*
_____ CHILD'S NAME
_____ CHILD'S AGE
_____ PARENT/GUARDIAN'S SIGNATURE
_____ PARENT/GUARDIAN'S PRINTED NAME
_____ PARENT/GUARDIAN'S ADDRESS
 <i>*IF APPLICABLE</i>

EMERGENCY CONTACT
_____ NAME
_____ ADDRESS
_____ CITY, STATE AND ZIP
_____ TELEPHONE
_____ CELLULAR TELEPHONE
_____ EMAIL
_____ RELATIONSHIP TO PARTICIPANT

MEDICAL EMERGENCY INFORMATION AND TREATMENT AUTHORIZATION

PARTICIPANT INFORMATION

STUDENT'S NAME _____

GRADE _____

DATE OF BIRTH _____ M/F

E-MAIL _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

EMERGENCY CONTACT

PARENT/GUARDIAN NAME(S) _____

PARENT GUARDIAN HOME PHONE(S) _____

PARENT/GUARDIAN WORK PHONE(S) _____

PARENT/GUARDIAN CELL PHONE(S) _____

OTHER PERSON TO CONTACT IN CASE OF EMERGENCY _____

EMERGENCY CONTACT'S PHONE _____

DOCTOR AND INSURANCE

PHYSICIAN'S NAME _____

PHONE _____

MEDICAL INSURANCE COMPANY _____

PHONE _____

GROUP NUMBER _____

ID/POLICY NUMBER _____

NAME OF POLICY HOLDER/PRIMARY INSURED _____

MEDICAL INFORMATION

PERTINENT MEDICAL INFORMATION, E.G. ALLERGIES, MEDICATIONS (INSTRUCTIONS/DOSAGES), MEDICAL CONDITIONS. USE BACK OF FORM FOR ADDITIONAL WRITING SPACE.

DATE OF LAST TETANUS SHOT (OPTIONAL, BUT BENEFICIAL FOR YOUR SON OR DAUGHTER)

I hereby authorize participation by the student named above in the activities, retreats, and camps of the student ministry at Covenant Presbyterian Church.

In case of accident or serious illness, I request that the student ministry personnel contact me. If the student ministry personnel are unable to reach me using the contact information provided above, I hereby authorize and instruct them to call the physician indicated above and to follow his/her instructions. If the student ministry personnel are unable to contact me or the physician indicated, I hereby authorize the student ministry personnel to seek whatever medical attention/treatment they deem to be necessary or appropriate for the welfare of my child.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

*PLEASE FILL OUT REVERSE SIDE