

## Foothills Christian Church, the CORE Girls Only– Julian Camp

**Supervisors:** Jasmine McIntyre (619) 507-3973

**Location and times:** 35127 Harrison Park Rd, Julian

**Dates:** 4:30 p.m. Friday, December 10, 2010 to 12:15 p.m. Sunday, December 12, 2010

**Cost:** \$25, Call Jasmine McIntyre at 507-3973 for more information.

- What to Bring:**
- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Sleeping Bag      | <input type="checkbox"/> Pillow                   | <input type="checkbox"/> Warm Coat        | <input type="checkbox"/> Long Pants    |
| <input type="checkbox"/> Soap              | <input type="checkbox"/> Towel                    | <input type="checkbox"/> Bible            | <input type="checkbox"/> Toothpaste    |
| <input type="checkbox"/> Change of Clothes | <input type="checkbox"/> Good walking shoes/boots | <input type="checkbox"/> Toothbrush       | <input type="checkbox"/> Good Attitude |
| <input type="checkbox"/> Sweats            | <input type="checkbox"/> Towel                    | <input type="checkbox"/> Closed toe shoes | <input type="checkbox"/> Gloves        |
|  |   | <input type="checkbox"/> Pens             |  |

**Do NOT Bring:**

- |   |   |                                     |                                       |
|---|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Personal Electronics | <input type="checkbox"/> Electronic Games | <input type="checkbox"/> Skateboard | <input type="checkbox"/> Bad Attitude |
|---|---|-------------------------------------|---------------------------------------|

-----**Cut and Keep the Top Portion for Your Information**-----

**Parent or Guardian: Please fill out the bottom completely and return to the CORE Retreat Leaders**

I, the undersigned, do hereby grant permission for (minor's name) \_\_\_\_\_ to participate in the following special activity:

**Dates:** Dec 10, 2010 to Dec 12, 2010.

**Location:** 35127 Harrison Park Rd, Julian, and travel to and from Foothills Christian Church

**Medical and Liability Release:** I (print adult name) \_\_\_\_\_, parent or legal guardian do hereby release Foothills Christian Church staff and volunteers from any liability in regards to the sustaining of physical and/or mental injury by my/our minor (print minor's name) \_\_\_\_\_ while participating in the agreed to programs and activities sponsored by Foothills Christian Church.

I also agree to release Foothills Christian Church and/or its agents from any liability in conjunction with the agreed to programs and activities. I do hereby grant permission for Foothills Christian Church staff and/or volunteers to seek and obtain medical care for our minor in the event of injury and/or illness while the minor is under their supervision. (Initial Here) \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_

**Important Medical Information:** My minor is currently taking the following medications (enter "None" if none): \_\_\_\_\_

My minor has the following allergies or medical conditions that limit his/her activities as follows (enter "none" if none): \_\_\_\_\_

I do hereby release any licensed physician and/or Medical Provider from any liability in the proper treatment of my minor. Furthermore, I authorize the treatment of my minor and agree to pay all reasonable medical costs. (Initial here) \_\_\_\_\_

**Parent/Guardian Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Other Emergency Contact if parent or guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Parent(s) Legal Guardian Signature(s) and name(s):**

I have read the above fully and accept the terms therein.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_