

**Middle School
Winter Blast
January 22 - January 24, 2010
At Prescott Pines**

Early Bird Special

\$94 if your camp registration, medical release form, El Camino permission slip and registration fee is turned in by December 14.

\$99 if your camp registration, medical release form, El Camino permission slip and registration fee is turned in by January 3.

After January 3, camp registration will be \$109.00.

We will leave the church Jan. 22 at 11:30 AM. Please have your camper eat lunch before we leave. We will return to the church Jan. 24 at 3:30 - 4:00 PM.

We will be leaving Prescott Pines at 10:30 AM on Sunday. Please have your camper bring money to eat lunch on the way home.

Your camper will need to bring:

Pillow, sleeping bag or blankets, Bible, notebook, pen, warm clothes, toiletries, chap stick, tennis shoes and a flashlight and money to eat lunch on the way home.

Optional:

Money for the snack bar and/or gift shop

\$2 zip line

\$5 high ropes course

\$5 for Paintball shooting gallery

\$5 camp picture

Please make camp registration checks out to El Camino Baptist Church

All zip line, high ropes course, Paintball shooting gallery and money for camp pictures will be turned in at camp during registration. Checks must be made out to Prescott Pines.

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CONSENT AND RELEASE FORM

El Camino Baptist Church

I the undersigned parent or guardian, hereby consent for my child, * _____, to participate in **Prescott Pines Winter Camp**, an event sponsored by El Camino Baptist Church on **Jan. 22-Jan. 24, 2010**. On this form, I have disclosed all medical conditions affecting my child and of my child's doctor's name and phone number in the event of an emergency. If there are activities I do not want my child to be involved in, I have listed them below.

I hereby knowingly assume all risks of injury to my child's person, including death, and property that may be sustained in connection with my child's participation in the above event. This assumption of risk on the part of the Undersigned includes, but is not limited to, bodily injury and death resulting from the negligence of El Camino Baptist Church and/or its employees, servants, agents or contractors. The Undersigned acknowledges that unanticipated and unexpected dangers may arise during my child's participation in the above event. Possible unanticipated and unexpected dangers include, but are not limited to, slipping, falling, and any and all injuries, including death, resulting from vehicle accidents (if being transported by El Camino staff, employees, servants, agents or contractors).

I do hereby agree to hold El Camino Baptist Church and/or its employees, servants, agents, or contractors, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with my child's participation in the above event. The scope of this release includes, but is not limited to, all claims for negligence against El Camino Baptist Church and/or its employees, servants, agents, or contractors, including claims for negligence resulting in bodily injury or death.

Signature Relationship to Child Date

Medical conditions affecting my child

Emergency Contact Phone Numbers _____

My child's doctor and phone number (in case of emergency, we will contact you first, then your child's doctor)

I do not wish my child to participate in:

**All blanks must be completed*

El Camino is not responsible for and will not replace personal property lost, stolen or misplaced.

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Prescott Pines Camp Registration

Date of camp attending: Jan. 22 - Jan. 24, 2010

Campers Name: _____

Please circle one Male Female

Parents/Guardian: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone (520) _____

Parent/Guardian cell phone _____

Emergency contact number _____

Parents e-mail _____ Grade: _____

Birth date: _____ Church attending: _____

Choice of roommate: _____

Allergies: _____

Health Problems to be aware of:

If you wish to pay by credit card: Mastercard or Visa

Card Number: _____

Expiration date: _____ Three numbers on the back of your card by

your signature: _____ Signature _____

Any photographs taken by Prescott Pines Camp may be used by Prescott Pines Camp for promotional purposes. If you would prefer you child's picture not be taken please fax or send a written request to our registrar at: terri@prescottpines.org

Prescott Pines Camp Registration

Date of camp attending: Jan. 22 - Jan. 24, 2010

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Please circle one Male Female

Parents/Guardian: _____

Address: _____

City: _____ State _____ Zip _____

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MEDICAL RELEASE & LIABILITY WAIVER

Required for each camper under the age of 18

Camper Name: _____

Dates of Camp: _____

Family Insurance Company: _____

Policy Number: _____

Address/City/State/Zip: _____

Group Number: _____

Phone Number: _____

Primary Insured: _____

Health Problems to be aware of (Known allergies, medication information, etc.) Attach additional pages if necessary.

I, the undersigned, hereby give my permission to Prescott Pines Camp to secure emergency medical and surgical treatment and provide routine, non-surgical medical care for the minor child named above while attending camp. I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Prescott Pines Camp, its officers, board, agents, or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at or around Prescott Pines Camp. This release does not apply to intentional and/or willful acts of misconduct by Prescott Pines Camp or any of its officers, board, agents, or employees. Should Prescott Pines Camp, or anyone else acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Prescott Pines Camp harmless for all such fees and costs. By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in activities at Prescott Pines Camp, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Prescott Pines Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature: _____

Date: _____

MEDICAL RELEASE & LIABILITY WAIVER

Required for each camper under the age of 18

Camper Name: _____

Dates of Camp: _____

Family Insurance Company: _____

Policy Number: _____

Address/City/State/Zip: _____

Group Number: _____

Phone Number: _____

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