

HIGH SCHOOL WINTER RETREAT

MARCH 2-4, 2012

Where? 1 hour into Pennsylvania at Three Spring Farms

The Details: We will meet in the student center at 3:30pm on Friday, March 2, finalizing paperwork and medicine. Registration can be handed in any time prior to the event at the church office.

Tubing will take place at Ski Sawmill (weather permitting)

Skiing will take place at Ski Denton (weather permitting)

We will return at 5pm on Sunday, March 4, meeting in the church parking lot for pick-up.

Cost: \$65

*sibling discount – for high school students in the same family, each sibling will receive \$10 off the price

Featuring: tubing, skiing, family-style meals, winter games, & reconnection with God

*for our day of skiing, we will have a ski instructor for those who want it. If you get tired, hang in the lodge and play games.

What to bring:

- Sleeping bag & pillow
- Snow gear & boots
- Any personal skiing gear you wish to use
- Bible (if you do not have one, we can provide you with one)
- Clothes and personal items
- Ski Waiver and Church Waiver

Payment:

- Check
- Cash
- Student Account

Name:

Rooming Request

- 1.
- 2.
- 3.

*We will strive to have you room with at least one of your choices; if you are bringing a friend from outside VSM, you will be given first priority in rooming together.

Behavioral Expectations

I, _____, fully understand that no drugs, alcohol, or weapons are permitted on this trip. Violation of this policy may result in disciplinary action.

All medications must be turned in upon registration so that they can be kept in a secure place.

Student Signature

Date

Parent/Guardian Signature

Date

Waiver for Ski Denton
Helmet Disclaimer and Release Form

MUST Be Signed By Parent or Guardian

Ski Denton strongly recommends that everyone wear a helmet when participating in any snow sport. When participating in skiing, snowboarding, ski blading, etc. you must realize that there are certain risks involved, but wearing a helmet may help in preventing serious injury. Helmet use is optional, but recommended, although *required* for any student renting a snowboard.

As the parent or guardian of the above named student I have read and understand the above statement regarding helmet use. Please check appropriate box and sign below:

Student Name _____

Organization Name _____

*My child IS required to wear a helmet.

*My child is NOT required to wear a helmet.

Signature of Parent or Guardian _____

Date _____

PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in the following activity (the "Activity") organized by _____

Name of Activity _____

Child's Full Name _____

Sex _____ Last _____ First _____ Middle _____
Birthday _____ Age _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

If not available in an emergency, notify :

1. Name _____ Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

or 2. Name _____ Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

Does this child have any of the following allergies :

Penicillin _____ Other : _____

Other Drugs _____

Insect Stings _____

Ivy Poisoning, etc. _____

Hay Fever _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this Activity? Yes No

If yes, describe the problems or illnesses _____

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child :

State the name, address, and phone number of this child's dentist (and orthodontist if applicable) :

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so, please indicate:

Name of Insurance Co. _____

Address _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____

Phone No. of Insurance Co. (_____) _____

Indicate the date of this child's last tetanus shot _____
Are there any activities, such as strenuous activities, to be restricted for this child? _____ If so, describe:

Is this child on any medications? _____ If so, please state the medication : _____

If so, will this child be bringing to the Activity the medications that he/she should be taking? _____

Describe any dietary restrictions that this child is required to observe _____

Other comments or suggestions from the parent or guardian concerning this child _____

I understand that _____ (ministry) carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counsellor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment 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 above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____