



**PLUGGED
IN**

**WINTER CAMP
2015**

MARCH 6-8





Join us for an unbelievable weekend at Winter Camp!

Meet at MVC, **Friday March 6th at 1:00**

We will return to MVC, **Sunday March 8th by 6:30 p.m.**

What to bring:

- Bible
- Notebook
- Writing Utensil
- Personal Toiletries
- Warm Clothes
- Swimming suit
- Water bottle
- Money for souvenirs/Dinner on Friday/Lunch on Sunday (plan \$20 for food and more for souvenirs if you want them)
- **Do not bring anything illegal**

Details

Register by February 22nd. To register: fill out attached forms and submit payment. **Pay online or make checks out to MVC. February 22nd is the last day to register.**

Cost: \$150 - scholarships are available (email students@mvcglenwood.org)

Parents: If you can provide transportation/snacks/or volunteer to serve for the weekend please contact pastor Jared (jared@mvcglenwood.org)

| FEBRUARY | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|
| sun | mon | tue | wed | thu | fri | sat |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |



Mountain View Student Ministries Parent Consent Form 2015

Name of Student: _____ Graduating Year: _____

Birthdate: ___ / ___ / ___

Home Phone: (____) _____ - _____

Student Mobile Phone: (____) _____ - _____ Text: Y/N

Student Email: _____ @ _____ . _____

Parent Email: _____ @ _____ . _____

Parent(s) Name(s): _____

Parent(s) Mobile: (____) _____ - _____ (____) _____ - _____

Mailing Address _____

City _____ State _____ Zip _____

Emergency Contact Name and Number _____

(if parents are unavailable)

Insurance Information (Company and Policy #) _____

General Release and Hold Harmless Agreement

The undersigned, being the legal guardian of _____ give permission for my child to attend and participate fully in MVSM events for the 2013 calendar year. The events will take place at various locations, and may entail transportation to and from Mountain View Church. I understand that these events will include food, games, and transportation. Authorization and permission is hereby given to Mountain View Church to furnish any necessary transportation and food for this participant. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

I, being the legal guardian of participant, hereby give my permission to take said participant to a doctor or hospital and hereby authorize the medical treatment of the participant by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the above event, including transportation to and from the event site. I will assume responsibility of all medical bills, if any. *This authority is granted only after a reasonable attempt has been made to contact me.*

I understand and acknowledge that the participant may incur personal injury or bodily damage while participating in activities. I also understand that MVSM would not allow the participant to participate in such activity without releasing and holding harmless Mountain View Church.

Further, in consideration of the church allowing my child to participate in the activity, I agree to release, and forever discharge the Church, their officers and directors, their employees and their agents and any individuals volunteering on behalf of the Church from all actions, claims, costs, expenses, or damages of any kind growing out of or related to this activity and the participant.

I further acknowledge that this is a full and complete release for all injuries and damages, which the participant may sustain as a result of his/her participation in this activity.

Medical Information

Please list any allergies, medications, medical information, or chronic illnesses your student may have.

Signature of Parent / Legal Guardian

Date

Printed Name

CONVERGE WINTER CAMP MANDATORY HEALTH FORM - 2015

PLEASE PRINT IN INK & FILL OUT BOTH SIDES

Name _____ Age _____ Birthday ____/____/____ Male Female
Address _____ City _____ State _____ Zip _____
Phone Number _____ E-Mail _____
Medical Insurance Company _____ Policy # _____
Primary Emergency Contact Person: _____
Phone Number _____ Emergency Phone Number _____
Alternative Contact Person: Name _____
Phone Number _____ Emergency Phone Number _____

PLEASE NOTE: *If your child should require medical attention for injuries received or illnesses contracted prior to any activity, please send us the necessary information to give him/her proper medical care during his/her time at Winter Camp*

MEDICAL HISTORY

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the Church should be aware, and what, if any, action or protection is required on account thereof:

Name and dosage of medications that must be taken: _____

PLEASE check the following areas of concern for this student. Add necessary additional comments below:

1. For your student's safety and our knowledge is your student a: good swimmer, fair swimmer, non-swimmer. 2. Does your student have allergies to: Hay Fever, Medications, Food, Insect Bites, Other _____
3. Does your child suffer from, or has ever experienced, or is currently being treated for any of the following: Epilepsy/Seizure Disorder, Heart Trouble, Diabetes, Asthma, Frequently Upset Stomach, Physical Handicap. 4. Date of last Tetanus shot: _____
5. Does your student wear Glasses, Contact Lenses?
6. Please list and explain any major illnesses during the past year. _____

Additional Comments: _____

Should this student's swimming or activities be restricted for any reason? YES, NO,
If YES, Please Explain. _____

For your information, these are our Rules of Behavior expected from each student:

- | | |
|---|--|
| 1. No alcohol, drugs, tobacco permitted. | 6. Respect and comply with event schedules. |
| 2. Participation with the group expected. | 7. No students permitted to drive for events. |
| 3. No guys in girls' sleeping quarters (and vice versa). | 8. No offensive or immodest clothing. |
| 4. Respect one another, staff and adult leaders. | 9. No fighting, weapons, fireworks, explosives or lighters permitted |
| 5. Respect property. | |

FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN YOUR CHILD BEING SENT HOME AT YOUR EXPENSE.

My child has permission to attend and participate in CONVERGE Winter Camp.

Parent Signature: _____ Date: _____

**THE CONVERGE WINTER CAMP 2015 CONSENT FORM FOR STUDENTS
WAIVER AND RELEASE FROM LIABILITY**

I acknowledge that my child's participation in the Winter Camp, sponsored by CONVERGE Rocky Mountain is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to athletic games, excursions, missions trips and meetings. I (We) acknowledge that my(our) child's participation in the CONVERGE Winter Camp activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's participation in the CONVERGE Winter Camp activities, I (We) agree to the following:

_____ The CONVERGE Winter Camp is not responsible for personal belongings.
(Initial)

I consent to have photographs taken of my student during the CONVERGE Winter Camp. The pictures may be used on the Organization's Web Page, in future brochures, or in slide shows after the event.

(Initial)

_____ Students are required to wear seat belts while riding in church provided transportation other than rental buses. Students are responsible to keep their seat belt on while en route to activities.

(Initial)

_____ Inappropriate conduct will result in transportation home at parents' expense.
(Initial)

I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the The CONVERGE Winter Camp's activities, the following person or entities: The organization, Program Staff, employees, volunteers, representatives, subcontractors and agents of any of the above; B) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and C) I INDEMNIFY AND HOLD HARMLESS the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I HEREBY ASSUME THE RISKS OF MY CHILD PARTICIPATING IN ALL THE CONVERGE WINTER CAMP ACTIVITIES.

(Initial)

_____ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name), hereby executes the foregoing Assumption of the Risk, Waiver, Release and Discharge, Agreement Not To Sue, and Indemnification, for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of them Waiver and Release.

(Initial)

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

(Initial)

Child's Name: _____ Physician's Name: _____

Parent Phone: _____ Physician's Phone: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Minor: _____

Witness Signature: _____ Date: _____