



# CCYM WINTER WEEKEND

Christ Church Youth Ministry

**What:** An unforgettable weekend of fun and refreshment. Indoor rock climbing, Paintball, Jane Goodall, indoor Gaga, pickleball, Chicken King, worship & teaching, home cooked meals, fire, good friends.

**Where:** Seneca Hills Bible Camp (276 Damascus Rd., Polk, PA 16342). We will travel in a caravan of cars driven by adult leaders, departing from and returning to CCFC.

**When:** Friday, Feb 28 @ 4:30pm through Sunday, Mar 2 @ 2pm.

**Who:** All 6-12th Graders

**Cost:** \$75/person. Registration & payment due Feb 16.

Pay electronically via the CCFC app or website, or submit a check payable to Christ Church Fox Chapel



### **Electronics Policy:**

Please do not bring cell phones or other electronic devices. This trip is designed to help students unplug and connect with God.

**Bring:** sleeping bag & pillow, warm clothes, snow gear, boots, slippers, bible, towel, toiletries, snack to share



# Youth Ministry Registration Form

Name: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Last First

Birth Date: \_\_\_\_\_ School District: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month/Day/Year

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Additional Social Media: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information & Release

I by my signature give any and all Christ Church Fox Chapel staff and/or approved adult volunteers permission to treat my child/children for minor injuries and if need be to provide for emergency medical care in the event that I cannot be located immediately. I also agree that I will not hold Christ Church Fox Chapel or its representatives responsible for any accident or injury that may occur in the church building or on its premises. *A copy of my insurance card is attached.*

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any chronic conditions, environmental and/or medical allergies:

\_\_\_\_\_ Reaction to allergens: \_\_\_\_\_

\_\_\_\_\_ My child requires daily prescription medication. I have provided dose and any specific instructions that those medications require.

## Media Release

Throughout the church year, your child may be recorded and/or photographed. These items may be publically displayed on the internet and/or used as promotional material. Your child's image may appear in print media and/or electronically on the church website.

If you object to such publication, you must file a written objection. Christ Church Fox Chapel will not deliberately publish your child's image if you have file a written objection, and will make a reasonable effort to avoid publication by any third party.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please attach a copy of both sides of your medical insurance card to this form.***



# Field Trip Registration & Permission Form

**This form must be submitted when registering.**  
***Registration is not complete until payment is received.***

Date of Trip: \_\_\_\_\_ Timeframe: \_\_\_\_\_ Cost: \_\_\_\_\_

Location: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

## Payment Details:

Payment is due at the time of registration. Payments may be made by check or electronic payment via our app or website. Registration is not complete until payment is received, and due date cannot be extended.

**Cost \$** \_\_\_\_\_ **due by** \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to attend the trip to the location listed above under the supervision of the staff and volunteers of Christ Church Fox Chapel.

Parent/Guardian Signature: \_\_\_\_\_

## Emergency Contact

*This person should be available for the duration of the trip, and will be contacted only if the parent/guardian cannot be reached.*

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

Christ Church Fox Chapel | 410 Christ Church Lane | Pittsburgh, PA 15238 Phone: 412-963-8938

**APPENDIX 2**

**Participant Information and Release of Liability**

This form must be completed and signed by the participant (or parent or legal guardian if under 18 years of age).

Participation in adventure programs at Seneca Hills Bible Conference includes, but is not limited to, kayaking, (indoor/outdoor) rock climbing, team-building initiatives, low and high challenge course activities, and rappelling. While these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health, and are presented in such a way as to allow participants to choose their level of participation.

Although safety is a high priority of all programs at Seneca Hills, there is a risk, which must be assumed by each participant of potential physical and/or emotional injury. Please help us by providing the requested information. If your child has any current or past medical conditions that could affect their participation, please inform us. This information is subject to HIPPA regulations and will be kept confidential.

If you have additional questions about adventure programs at Seneca Hills, please contact your organization’s leader or the staff of Seneca Hills.

**General Information and Medical History**

Participant’s Name \_\_\_\_\_ Gender: M or F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does the participant have any current or past medical conditions that could affect their ability to participate in Seneca Hills’ activities? No or Yes

If yes, identify and explain. \_\_\_\_\_

Is he/she currently taking any medications? No or Yes

If yes, identify and explain. \_\_\_\_\_

Has he/she had a recent or recurring injury? No Yes

If yes, identify and explain. \_\_\_\_\_

Does he/she have any allergies? No Yes

If yes, identify and explain. \_\_\_\_\_

Does he/she have any of the following conditions?

\_\_\_ Diabetes \_\_\_ Chronic or Recurring Illness \_\_\_ Other Concerns

\_\_\_ Asthma \_\_\_ Recent Surgery \_\_\_ (Specify) \_\_\_\_\_

If any of the above items are checked, please provide additional information:

\_\_\_\_\_

\_\_\_\_\_

**Release of Liability and Acknowledgment of Risk**

I recognize and acknowledge that although the programs have been carefully designed and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment, which may become necessary.

I affirm that the information provided on this form is accurate and complete. I fully recognize and acknowledge that I have been advised that there is risk involved in my participation or my child/ward’s participation in adventure programs and hereby acknowledge that consent to my participation, or my child/ward’s participation in any of these activities is voluntary and informed. I further acknowledge that I or my child/ward will be advised of safety instructions, proper methods, practices, and techniques necessary and appropriate to participation in adventure programs. My use, or my child/ward’s use or non-use of such practices shall, under no circumstances, result in claim against, or the imposition of any liability of any nature whatsoever, with respect to Seneca Hills Bible Conference.

On behalf of myself, my child and/or ward, I hereby fully waive, release, discharge, and agree to indemnify and hold harmless the Seneca Hills Bible Conference, its Board of Trustees, agents, employees, successors, and assigns, from all rights, claims, and actions, arising now and/or in the future, from my participation, or my child/ward’s participation in programs conducted by Seneca Hills Bible Conference. I further agree to indemnify and hold harmless the Seneca Hills Bible Conference, its Board of Trustees, agents, employees, successors, and assigns, from claims arising out of any injury or harm me, or my child/ward may cause to another individual during the course of my/his/her participation in programs conducted by Seneca Hills Bible Conference.

**Media Release**

I give permission to Seneca Hills Bible Conference to use, reproduce, and distribute pictures and video of my child/ward for use in promoting camp programs and other publicity material.

Signature of Participant or Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_