

# 2012 Fuel Winter Retreat

WHEN? January 6th – 8th / Leave Christ's Church: Friday 5:30 PM (Sharp)  
Return to Christ's Church: Sunday 1:00 PM

WHERE? Capitan, NM (Lone Tree High Adventure Camp)

COST? \$90 per person (all expenses included)

WHAT TO BRING: Sleeping bag, Pillow, Towel, Toiletries, Bible, notebook and pen, Warm clothes

WHAT NOT TO BRING:

No alcohol, no tobacco, no weapons of any kind, no clothing with inappropriate language or pictures on it, and no CD or MP3 players on this trip (we have enough noise in our life.)

GUIDELINES:

Prior permission is required for a teen to drive, show up late, or leave early from any activity that involves transport to another area other than the church. All fees are to be paid even if an individual is not present the whole activity. Both this form and Lone Tree's registration form must be filled out and signed by a parent or legal guardian.

DEADLINE:

Complete form below & Lone Tree's Registration form and turn in to Pastor Chris or the church office with 50% payment (\$45.00) by Dec. 7th (Very Important!) Remaining balance will be due by Jan. 4th

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## CHRIST'S CHURCH ACTIVITY PARENTAL CONSENT FORM

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent (s) or Guardians (s) \_\_\_\_\_

Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

If parents are unavailable, please contact the relative/friend below:

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

Address \_\_\_\_\_

Comments regarding medical history, allergies, penicillin or drug reactions, etc.:

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

*In case of emergency, I understand that reasonable efforts will be made to contact me. If I cannot be reached, I, as guardian of the above named child, hereby give Christ's Church the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Christ's Church. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Christ's Church from any and all liability, claims, demands of actions, or causes of actions whatsoever arising while acting on my behalf whether damage, loss, or injury to the above named student and the above student's property while upon the premises of Christ's Church, traveling with, or engaged in a church sponsored trip as a result from the negligence of the Church, its agents, servants, and employees.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness of Signature \_\_\_\_\_ Date \_\_\_\_\_

# Lone Tree Ranch Registration/ Health History Form

## Youth Retreat

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. **(The top section to be filled in by parents/ guardian of minors or adult campers/ staff members themselves.)**

Date of Camp \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Last Grade in School \_\_\_\_\_  
 Name \_\_\_\_\_ SS# \_\_\_\_\_ If you are coming with a group, group name \_\_\_\_\_  
 Parent Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**For campers under 18:**

Father's Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Guardian's Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**In case of emergency and neither parent can be reached notify:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent colds, etc)  
 \_\_\_\_\_

**Check if applicable:**

Camp nurse may administer: \_\_\_\_\_ Tylenol \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Cough Drops to my child.

List any current medication being taken and why they are needed  
 \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_  
 List any Swimming or Activity Restrictions \_\_\_\_\_  
 Parent's Insurance Company \_\_\_\_\_  
 Insurance Company Phone# (\_\_\_\_) \_\_\_\_\_

**\*\*Please attach photocopy of front and back of Insurance Card (helpful in emergencies).**

If you or your child should require medical attention while at one of the Lone Tree Camps for injuries received Or illnesses contracted prior to coming, please send us information necessary to give him/her proper medical service during this time.

In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize secure proper treatment for and order injection, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to caving, horseback riding, swimming, mountain rappelling, rock wall climbing, white water rafting, rifle range, archery, zip line, camping or traveling, water skiing, and hay rides. Periodically, photographs, videos, or interviews are taken during the camp session. I acknowledge that by participating in this camp session, I give permission and consent for any such photographs, videotapes, or interviews to be used or published to illustrate report, promote, or advertise the camp.

I, therefore, agree to assume, as an explicit condition of my or my child's/ward's participation, any all risks, including, but not limited to these enumerated above. I agree to hold harmless Lone Tree Inc., its staff, the sponsoring church or group from any and all liabilities, claims, demands, and causes of action which may arise due to the participation of myself or my child/ward. **I realize, also, that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered, and I agree to hear the cost of such treatment. If any changes occur, I will contact the director.**

**Health History**

(Check if applies. Give approximate dates.)

Frequent Ear Infections \_\_\_\_\_  
 Heart Defect/Disease \_\_\_\_\_  
 Convulsions/Epilepsy \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Bleeding/Clotting Disorders \_\_\_\_\_  
 Hypertension/A.D.D. \_\_\_\_\_  
 Mononucleosis \_\_\_\_\_

**Disease**

**Vaccination**

(Check if applies. Give approximate dates.)

Chicken Pox	_____
Measles	_____
German Measles	_____
Mumps	_____
DPT	_____
TD	_____
Tetanus Test	_____
Tuberculin Test	_____
Influenza b (HB)	_____

**List any allergies (include food allergies)**

\_\_\_\_\_  
 \_\_\_\_\_

**Current Treatment for above:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 FATHER/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 MOTHER'S/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE