



C3 STUDENTS
A MINISTRY OF CHRIST COMMUNITY CHURCH

FALL CAMP PACKING LIST:

***PLEASE NOTE:** We will be taking your student's cell phone for the duration of the trip. You may choose to not send their cell phone with them. If you choose to send their cell phone, it will remain safe in a box. You may contact your student or them you at anytime by calling Charles Johnson or Jayme Amick

Charles Johnson: 314.277.1355

Jayme Amick: 321.759.1379

Any questions or concerns, please don't hesitate to contact Alex Boyd.
(Alex.Boyd@Christcommunity.org)

-\$ for ONE travel meal

- sleeping bag (also welcome to bring fitted twin sheet and blanket for mattress)
- pillow
- towel
- toiletries (things like shampoo and soap and deodorant would be great)
- pen
- Bible
- journal
- outdoor clothes (things you don't mind getting dirty)
- sweatshirt/ jacket for night
- flip-flops
- tennis shoes
- flashlight
- sunglasses
- bugspray
- Re-usable water bottle

If you plan on sending medication with your student, please submit a Medication Release Form, also attached.

Every student attending Fall Camp MUST have a 2017-2018 Student Ministry Permission/Waiver Form on file. These are updated every year. If you have not submitted one since the start of the 2017-2018 school year, please.



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MEDICATION RELEASE FORM

Student Name _____

Trip _____

List all medications you are sending with your student (including generic names) and the strength/dose of each:

For each medication you are sending with your student, please explain the general purpose of the medication: _____

For each medication you are sending with your student, please provide specific instructions for use:

Release of Liability for Medication:

I _____ hereby give my permission to Christ Community Church and its leaders to administer the above listed medications to my child, _____.
All medicine must be sent in the original container, appropriately labeled by the pharmacy or physician.

I understand that Christ Community Church and its staff will administer the prescribed medication mentioned above. I hereby waive any and all claims against the Christ Community Church and its ministers, staff and leadership, employees, volunteers, and agents, and agree to hold the Christ Community Church and its ministers, staff and leadership, employees, volunteers, and agents harmless from any and all liability, which may arise in connection with my child's use of the medication.

Parent or Guardian's Name _____ Date: _____

Parent or Guardian's Signature _____ Date: _____



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PERMISSION/WAIVER FORM FALL 2017 – SUMMER 2018

Student Full Legal Name: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

Date of Birth: _____ Gender: Male Female

Grade: _____ School: _____

Parent/Guardian to contact in case of emergency: _____

Relationship to Student: _____

Address: _____

Email: _____

Cell phone: _____ Home phone: _____

Health Insurance Information: PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Insurance Company: _____

Insurance Company Phone #: _____

Policy Number: _____ Group Number: _____

Blood type (If known): _____

Medical Doctor: _____ Phone number: _____

Address: _____

Email: _____ Fax Number: _____

Medical history:

Please list any medical conditions, disabilities, and/or special needs or concerns for your student:

Any food or drug allergies, and your student's reaction to and severity of these allergies:

All medications your student is presently taking (including generic names) and the strength/dose of each:

Swimming ability:

- Non-Swimmer Beginner-Moderate Advanced

Functions and Activities:

It is my understanding that participating in the programs and activities of **Christ Community Church** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Please Initial: _____

Release of Liability:

By signing this Release Statement, I express that I (or my child if I am the legal guardian) am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks of participating in these activities, whether such risks are known or unknown to me at this time. I further release **Christ Community Church** and its ministers, staff and leadership, employees, volunteers, and agents from any claim that I (or my child) may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against **Christ Community Church** or its ministers, staff and leadership, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Christ Community Church** and its ministers, staff and leadership, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury during such activities.

Please Initial: _____

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the individual named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Christ Community Church** to seek and secure any needed medical attention or treatment for the individual named above (including hospitalization) if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, I agree to pay for the medical treatment.

Please Initial: _____

For use only if the participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **CCC**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **CCC**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Please Initial: _____

Print Name of Parent/Legal Guardian _____ **Date** _____

Signature of Parent/Legal Guardian _____