

2017 Fall Breakaway



at TROUT LAKE CAMP High School Retreat October 27th – 29th

Trout Lake Camp has a ton of fantastic free-time activities – **Football and Volleyball tournaments, 4 line Zip-line, Mountain Scooters, Paintball, Dodge ball, Human Foosball, a Huge Skate & Rollerblade Park, Concerts, Floor Hockey, Basketball, and many other options!** All of this is coupled with great speakers with meaningful messages making for an unforgettable weekend!

Registration Form Attached

Fill out the attached registration form, and return **NO LATER THAN OCTOBER 15th** with payment of \$125. **HOWEVER: registration is on a first come, first serve basis – last year the camp filled before the registration deadline!! Register Today!!**

What to Bring

- ~Bible, pen / pencil
- ~Toothbrush, toothpaste, “overnight stuff”
- ~Sleeping bag & pillow
- ~Change of clothes / pajamas / warm outdoor clothes
- **Money for dinner on the way up and spending money at camp snack shop, store, etc.
- ~ \$12 for paintball if you want to do it
- ~Shampoo/towel
- ~Flashlight

We Leave Friday, Oct 27th @ 5:00pm

We Arrive back Sunday, Oct 29th @ approximately 2:30pm

Trout Lake Retreat Registration Form ~2017

Student's Name _____ Grade _____ Date _____

Cost: \$125 Amount enclosed \$ _____

~I would like to contribute to the scholarship fund: Amount \$ _____

Trout Lake Camps ~Medical Release Form

With the increasing sophistication of our hospital systems, we have found it necessary to have a signed parental release form in the unlikely event of a serious injury requiring hospital treatment for your child. This release gives up permission to take your child to the nearest available medical facility and have the necessary medical treatment administered. Many hospitals will not administer any medical attention without parental consent. Would you please read and sign the statement below.

We understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the child will be taken during this conference. In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Trout Lake Camps, our Church leadership, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for my child in the event that camp or church staff deems such treatment necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary.

I also absolve the Minnesota Baptist Conference and Trout Lake and/or church personnel and Christ Church personnel from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Acknowledgement of Risk and Medical Release for Christ Church

I understand and acknowledge that participation in the camp activities including transportation to and from such activities, entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Christ Church, the staff and adult volunteers. I absolve Christ Church and Christ Church personnel from liability. I hereby authorize Christ Church staff or adult staff to secure medical treatment for my child/myself (adult) if necessary.

Church Name: **Christ Church**

Name or Child: _____

Address: _____

City/State/Zip: _____

Print Parent/Guardian Name(s): _____

Phone #1: _____

Phone #2: _____

Insurance Company: _____

Policy Number _____

If Parent/Guardian are not available, please call person below:

Name: _____

Relationship to Student: _____ Phone _____

May we administer over-the-counter-medications: Yes No

(ex: aspirin, Tylenol, Advil, antibiotic ointments, etc)

ALLERGIES – (FOOD, INSECT, MEDICATION, ETC) OR any other CONCERNS we need to know about.

Signature of Parent/Guardian: _____ Date _____