



Life can get noisy. How do you live above it and live louder than life?

Come and hang out with your friends, have a great time,  
and learn how to live that life.

Important Info:

For: Students currently in 6th & 7th Grade

Dates: March 9 @ 6pm - March 10 @ 1pm

Stoney Creek Inn, Columbia, MO

Cost: \$30

Make sure to have fill out a permission slip and have a medical release form on file.

## Tentative Schedule:

### Friday:

6:00pm - Drop off & check-in at Stoney Creek

6:30pm - Swimming

8:30pm - Talk and Discussion time

9:30pm - Games and snacks in room

11:30pm - Get ready for bed

12:00pm -Lights out

### Saturday:

8:00am - Breakfast

9:00am - Volunteer at Food Bank

12:00pm - Lunch together

1:30pm - Pick up at C2 Church

### What to Bring:

**Comfortable clothes, pajamas, appropriate swimwear**

**Bible, notebook, pen**

**Personal items (toothbrush, toothpaste, deodorant, etc)**

**Favorite board/card game & Snack to share**

**Parents, you are welcome to serve with us. Please let me know if you are interested in helping.**

### Info for Food Bank:

\_\_\_ Please adhere to the volunteer height requirement: all volunteers must be able to stand flat-footed on the floor and be able to reach across a counter-height table (approx. 48" tall). At no time will any volunteer be allowed to stand on a stepstool.

\_\_\_ All volunteers must be able to work independently under instructions (no toddlers, no runners, no babies in strollers/backpacks/slings/baby carriers).

Please make sure that all volunteers are wearing appropriate attire:

- \_\_\_ Closed-toed shoes - **NO EXCEPTIONS!!**
- \_\_\_ Jeans, pants, or long shorts.
- \_\_\_ Comfortable shirts with at least a short sleeve (all shoulders must be covered)
- \_\_\_ No offensive printing on any clothing.
- \_\_\_ No food or drinks allowed in the food area.

# PARENT PERMISSION & LIABILITY RELEASE STATEMENT

## **Christian Chapel**

3300 S. Providence Rd  
Columbia, MO 65203  
573.442.2258  
[www.c2church.com](http://www.c2church.com)

I understand that in the event a medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity and dates shown below, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Christian Chapel through its accident policy will be used as a backup for what my family's insurance policy does not cover.

I understand all reasonable safety precautions will be taken at all times by Christian Chapel and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Christian Chapel, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I also give permission for my child to ride in transportation provided by Christian Chapel for the activities taking place.

Student's Name: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Event: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Detach and return top half

### **EVENT INFORMATION SHEET**

**Event Name: 6th-7th Grade Retreat**

**Date: March 10, 2012 @ 6pm - March 11 1:30pm**

**Location: Stoney Creek Inn**

**Cost: \$25**

**Emergency number only: Pastor Jeremy @ 573-864-2593**

# Christian Chapel Assembly of God

3300 South Providence Road  
Columbia, Missouri 65203  
573-442-2258 573-443-5037, fax  
[www.c2church.com](http://www.c2church.com)

## PARENTAL CONSENT, RELEASE, CERTIFICATION, AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are required to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during sponsored activities.

### General information (please print)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Child's Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Company Covering Child \_\_\_\_\_ Policy Number \_\_\_\_\_

### Consent, Release and Certification

I, the undersigned, being the parent/guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly-scheduled activities of Christian Chapel, Columbia, MO, including field trips, hiking, sporting events, swimming, water-craft, and any other activities customarily associated with a youth or children's group. In recognizing the possibility of physical injury associated with certain activities that my child may be involved in, I hereby release, discharge and/or otherwise indemnify Christian Chapel, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of private vehicles utilized for student transportation, against any claim by or on behalf of my child as a result of my child's participation in the activities and/or being transported to or from the same, which transportation I hereby authorize. Further, I certify that my child is physically fit and adequately trained to participate in such activities, **except** as noted below:

---

---

---

---

---

---

---

---

## Medical Questionnaire

•Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

•Does your child have any allergies (including medications)?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain) \_\_\_\_\_

•Does your child ever sleep walk? Yes \_\_\_\_\_ No \_\_\_\_\_

• Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_

• Is your child diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

•Does your child have any physical condition or illness that would prevent him or her from participating in regularly-scheduled activities or in any other rigorous activity?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain below. A written release must be submitted by your child's physician authorizing your child to participate in such activities \_\_\_\_\_  
\_\_\_\_\_

•Does your child require a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

## Medical Treatment Authorization

I understand that Christian Chapel, its employees, and associated personnel, will not be responsible for medical expenses incurred solely on the basis of this authorization.

**I agree to notify Christian Chapel in the event of any health changes which would restrict my child's participation in any normal youth or children's activities described above. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the capabilities of my child.**

*In consideration of permission granted to my child by Christian Chapel to participate in any part of the sponsored programs, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I understand that attempts will be made to contact me as soon as possible.*

**A facsimile or photocopy of this form shall be as valid as the original.**

\_\_\_\_\_  
Signatures of Parents or Guardians

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatures of Parents or Guardians

\_\_\_\_\_  
Date