

Parent Packet



PARENT AUTHORIZATION, CONSENT AND RELEASE

I, _____ am the parent or legal guardian of _____ who was born on _____, 20_____.

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Trinity Church of Lubbock, Inc., my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors including paintball and shooting activities;
2. Sports, both informal and organized;
3. Use of recreational equipment including ropes courses and ziplining;
4. Field trips, both on and off campus;
5. Travel by automobile, including bus ride;
6. Activities around water, including swimming and boating;
7. Hiking, climbing, running;
8. Camping.

I acknowledge and understand that Trinity Church of Lubbock, Inc. may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk about said activities for any harm, injury or damages that may befall my child because of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I consent for my child to be given non prescribed medicine such as, but not limited to, ibuprofen, tylenol, etc.

In consideration of my child being allowed to participate in these activities and to use Trinity Church of Lubbock, Inc.'s equipment and facilities, on behalf of my child, I hereby

voluntarily release, forever discharge, and agree to indemnify and hold harmless Trinity Church of Lubbock, Inc. from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Trinity Church of Lubbock, Inc.'s equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in this State or any health care professional duly licensed to provide health care services in this State for medical care and services deemed necessary by Trinity Church of Lubbock, Inc., its agents, servants, and employees.

I give permission to the Doctor or health care professional to provide all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for all medical expenses incurred because of the use of this consent.

I understand that it is my obligation to inform the management of Trinity Church of Lubbock, Inc. of all health considerations or medical conditions that would restrict my child's participation in all activities while at Trinity Church of Lubbock, Inc.

Should the need for medical attention arise, Trinity Church of Lubbock, Inc. will attempt to contact me, as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Trinity Church of Lubbock, Inc. based on any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Signature

Printed Name

Dated: _____, 20____.

PACKING LIST

What To Bring:

- Bible
- Journal
- Pen
- Backpack
- Reusable Water Bottle
- Sleeping Bag
- Pillow
- Toiletries
- Deodorant
- Towel
- Clothes
 - PJs
 - Comfortable clothes that can get dirty
 - Jacket
 - **Remember to dress with modesty and integrity.*
- Tennis Shoes
- Shower shoes
- Medication (see medication log below)
- Good Attitude

Optional Items:

- Board/Card Games
- Non-perishable Snacks

What **Not** To Bring:

- Pranking items *Pranking will not be tolerated at all
- Tobacco
- Vape
- Marijuana/marijuana paraphernalia
- Illegal Drugs
- Knives, guns, weapons of any kind
- Bad attitude

SCHEDULE

FRIDAY

5:30PM	REGISTRATION/DOORS OPEN
6:15PM	LEAVE FOR FLOYDADA
7:15PM	UNLOAD/GET SETTLED IN THE CABINS
8:00PM	SESSION 1/ JD SMALL
9:30PM	BREAK/ GET READY FOR LATE NIGHT
10:00PM	LATE NIGHT
11:30PM	CABIN
12:00PM	LIGHTS OUT

SATURDAY

8:00 AM	BREAKFAST
9:00AM	SMALL GROUPS 1
10:15PM	GAMES
12:00PM	LUNCH
1:00PM	SMALL GROUPS 2
2:00PM	GAMES
4:00PM	FREE TIME
5:30PM	DINNER
7:00PM	SESSION 2/ TANNON NAUERT
9:00PM	SMALL GROUPS 3
10:00PM	LATE NIGHT
11:30PM	CABIN/LIGHTS OUT

SUNDAY

8:00AM	BREAKFAST
9:00AM	SESSION 3/ SARAH NICHOLS
10:00AM	SMALL GROUPS 4
11:30AM	LOAD UP
12:30PM	HEAD HOME
1:00PM	ARRIVE AT THE CHURCH

MEDICATION

Place all medication in a gallon sized bag with the medicine log filled out and attached to the outside. Medication needs to be listed individually.

Medications Log	
Name:	Date of Birth:
Medication:	
Dose/Directions:	
Date Started/ended:	
Purpose:	
Prescribed By Dr.:	
Notes/Comments:	
Medication:	
Dose/Directions:	
Date Started/ended:	
Purpose:	
Prescribed By Dr.:	
Notes/Comments:	
Medication:	
Dose/Directions:	
Date Started/ended:	
Purpose:	
Prescribed By Dr.:	
Notes/Comments:	
Medication:	
Dose/Directions:	
Date Started/ended:	
Purpose:	
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Notes/Comments:	