COLLIDE

4th-6th Grade Retreat
February 24-25
Mt. Lebanon Retreat and Conference Center
Cedar Hill, TX

$40 per camper due by Sunday Feb.5th covers transportation, meals at camp, T-shirt, lodging, and challenge courses

Meet at the church building at 5pm Friday evening. Bring money for a *fast* dinner on the way to the retreat. We will return by 5:30pm on Saturday.

What to Bring: Bible, notebook and pen, a change of clothes, tennis shoes, toiletries, towel and washcloth, pillow, sleeping bag, flashlight, camera, cold weather clothes

This is a first annual inter-congregational 4th-6th Grade retreat with other local Churches of Christ. Our theme relates to this period in preteens lives when the faith they have been taught by parents and the Church collide with the challenges that come with adolescence and young adulthood.

Complete the following forms and turn in to the Children's Minister Dan Morrow by Feb 5th. (Note: the Medical Release Form must be notarized! Our office secretary Jackie DeWoody is a notary public; office hours are 8:30am to 4:00pm)

For questions call Dan Morrow: (972) 567-2836

COLLIDE

Camper Registration Form

M F

Name of child Grade Sex (circle)

Address City State Zip

Home Phone Cell Phone Email

Emergency Contact Relationship Phone #

Church Congregation

Allergies, Medications, Health Concerns or Physical Limitations:_____

Insurance Company:_____ Policy #:_____

T Shirt Size (circle): YS YM YL YXL S M L XL 2XL 3XL

Guidelines and Code of Conduct

Mt. Lebanon Retreat and Conference Center is dedicated to providing a safe and spiritually uplifting experience for all visitors. All property and boundaries are to be respected. Willful damage, destruction, and vandalism will not be tolerated. The property and well-being of others must be respected. Acts of bullying, hazing, threats, or belittlement are strictly forbidden. No weapons or anything that can be construed as a weapon is allowed, including fireworks. Possession of tobacco, alcohol, or any other drugs or paraphernalia is strictly prohibited. All shorts must be of modest length and all shirts must have sleeves and no clothes may be tight-fitting. All attending adults are carefully and legally screened to ensure safety. All adults are to be obeyed as they are there for your safety. If there are any questions, consult the minister from your congregation.

I agree to and will abide by the Camp Guidelines:_____

Camper Signature Parent Signature

Child's Name (Printed) _____

Home Phone Number _____

Social Security # _____

Work Phone Number _____

Date of Birth _____-_____-_____

Cell Phone Number _____

MEDICAL RELEASE FORM

In the event my minor child is injured or involved in an accident of any kind during the period of time between _____ and _____, I authorize and give consent to _____ to seek medical attention for my minor child, _____, by the physician of their choice. I also authorize and give consent to that physician to give treatment to my minor child in the manner which he or she deems necessary, including admission into a hospital.

_____
Parent or Legal Guardian

Sworn and subscribed before me this _____ day of _____, 20___.

_____
Notary Public

_____, Texas
County

_____
Expiration Date of Seal

****

Parents' Names_____

Social Security Number(s)_____

Place of Employment_____

Home Address_____

City_____State_____Zip_____

Allergies of Child:_____

Medication Currently Taking:_____

Health Problems To Be Aware Of (i.e.- asthma, diabetes) Or Physical Limitations:_____

_____

Insurance Company/ Address / Phone Number / Policy Number(s)_____

_____

_____

Is child insured?_____ (Use reverse side of paper for further explanation.)

Mt. Lebanon Encampment
PO Box 427 Cedar Hill, TX 75104 Phone: 972-291-7156 Fax: 972-291-4958
Email: www.mtlebanoncamp.com

Challenge Course/ High & Low Ropes Elements
Acknowledgement of Risk/ Health Statement/ Release of Liability/ & Authorization

Mt. Lebanon's Challenge Course is a variety of activities, including games and team building initiatives, on or close to the ground (Low Ropes Course) with some elements built on utility poles or elevated platforms (High Ropes Course). Both the Low and High Ropes Courses are comprised of different elements professionally designed to be safe and within the capability of anyone in reasonable good health, although some of the activities can be physically and emotionally demanding

Participation is entirely VOLUNTARY. You must realize that there is a certain degree of risk inherent in these activities. There are significant hazards or risks of injury involved in any challenge/adventure activity associated with the outdoors or involving physical exertion and the use of related equipment for the activity.

The instructors are trained to supervise the activities in a safe and enjoyable manner by accredited training programs. You must recognize and accept shared responsibility for your safety and the safety of other group members. It is important to listen and be attentive to the facilitators and follow their instructions. Ask questions if you do not understand the directions and guidelines.

You may select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity.

Some of the activities may cause elevated blood pressure and pulse rates. It is imperative that you are free of any heart-related problems or diseases. Participants must be free of medical or physical conditions, which might create undue risks to themselves or others that depend on them. If there is any doubt about your ability to safely participate in the challenge courses, you should consult a physician for a physical examination.

Name of Participant: _____ Birth Date _____

Address _____

Group you are with at Mt. Lebanon _____
In an emergency notify:
Name _____Relationship _____
Cell _____ Work _____ Home _____

Do you have any current or past physical condition which might limit your participation in the Challenge Course, Zip Tower or Alpine Tower? _____ If yes, identify and explain:

_____

_____

Are you currently taking any medications? _____ If yes, please list:

_____

Do you have any allergies, reactions to medications or other medical limitations? _____ If yes, please explain:

_____

I affirm that I have answered the above questions accurately and completely, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in activities at Mt. Lebanon. I believe that my health is satisfactory to participate in these activities at Mt. Lebanon. I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to my property, which accompany my participation in these activities. By signing below, I acknowledge that I have

fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each activity and my responsibility to know my limits.

Signature of Participant: _____ Date: _____

Emergency Authorization

Mt. Lebanon, it's employees, agents, directors has my permission to seek emergency medical care for the participant in the event: (1) The health and well-being of the participant is involved; (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency; (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Signature of Participant: _____Date: _____

Signature of Parent/ Guardian, if under 18 _____

Medical/ Hospitalization Insurance Information

Carrier: _____ Policy Number _____

Insured Name _____Group Number _____

Photo Media Release

I grant Mt. Lebanon and the Dallas Baptist Association the right to use, reproduce, assign and distribute photographs, films, videotapes, DVD's, and sound recordings of myself or my child for use in promotional materials they may create.

Signature: _____ Date: _____

Release of Liability

I hereby release Mt. Lebanon Encampment, Changing Course, the Dallas Baptist Association, and it's agent's or employees from all suits, actions, or claims of any character, type, or description, brought or made, for or on account of any injuries or damages received or sustained by any person or persons or property, rising out of or participating in the challenge course(s) or "ropes course" activity, the Alpine Tower, Zip Line Tower, indoor climbing wall, Pamper Pole, or any other event or activity at Mt. Lebanon.

Signature of Participant: _____ Date: _____

Printed Name: _____

Parent/ Guardian Signature: _____ Date: _____

Printed Name: _____