

Survivor Trip 2020

June 24-27

RETURN FORMS BY May 26, 2020 for this trip. You need to have a med form on file!!!

If you already have a med form on file for 2020 sign and return this form to solidify your place to go on this trip. Remember if anything has changed medically since you filled out your 2020 medical form you are responsible for letting us know. If you are not for sure you can call Jol Klein at 785-556-4017 or e-mail jolklein68@gmail.com

ALL ACTIVITIES ARE FIRST AND FOREMOST MEANT TO GLORIFY GOD. THESE RULES ARE NOT IN PLACE TO SPOIL YOUR FUN, BUT FOR YOUR PROTECTION. WE CARE ABOUT EACH PERSON AND WANT THEM TO HAVE A GOOD TIME.

- 1. ELECTRONIC DEVICES ARE TO BE USED WITH INTEGRITY AND RESPECT. IF FOR ANY REASON THE SPONSORS ON OUR TRIPS DEEM IT NECESSARY TO DETAIN A DEVICE, THEY HAVE THE RIGHT TO DO SO. IT WILL BE RETURNED WHEN DEEMED NECESSARY.**
2. ANY PERSON ON A TRIP WILL RETURN WITH THE GROUP UNLESS THAT PERSON'S PARENTS HAVE PERSONALLY SPOKEN TO THE PASTOR ABOUT OTHER ARRANGEMENTS.
- 3. THERE WILL BE NO SHOWING OF AFFECTION BETWEEN ANY PERSON ALLOWED. PLEASE ADHERE TO THIS, WE DON'T ENJOY CALLING YOU ON THIS. BUT WE WILL.**
4. RESPECT EVERYONE IN AUTHORITY.
- 5. ALL CLOTHING MUST BE MODEST. NOT SHORT SHORTS, NO SHORT SHIRTS. SLEEVED SHIRTS ONLY. ALL SWIMSUITS FOR THE LADIES MUST BE A ONE PIECE OR YOU WILL NEED TO WEAR A COLORED T-SHIRT AT ALL TIMES.** DEFINITION OF SHORT SHORTS, SHOULD BE FINGERTIP LENGTH. AGAIN WE DO NOT LIKE CALLING YOU ON THIS, BUT WE WILL.
6. NO ALCOHOL, TOBACCO OR ILLEGAL DRUGS ALLOWED.
7. ANY DATING COUPLES ON THE BUS OR VAN, ARE NOT ALLOWED TO SIT BY EACH OTHER.
8. NO GUYS ALLOWED IN THE GALS SLEEPING AREAS AND NO GALS ALLOWED IN THE GUYS SLEEPING AREAS.
- 9. NO Yoga pants please or crop tops.**

I BY SIGNING DO UNDERSTAND AND DO COMMIT TO FOLLOW THESE GUIDELINES GIVEN TO ME.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

YOUTH SIGNATURE: _____ **DATE:** _____

You are invited to register for the survival adventure of the summer.

What: Survivors will be divided into tribes that will work together to build their camp & then spend two days competing in Bible based reward challenges. Tribe members will participate in individual as well as group devotions each morning. Tribal Council will be held each night and the final morning, with prayer, worship, & messages. Tribes will have to survive with no showers, primitive sleeping conditions, minimal food, & only the clothes on their backs.

Name: _____ Age _____

Church: _____ T-shirt Size: _____ Biography: _____

Enrollment Deadline: May 26, 2020

Please tear off this flap & return to Jol by the deadline.

Parents Name: _____

Emergency Contact Number: _____

I have read the above description & understand the "Survivor Nature" of this activity and agree to allow my child to participate. I understand that students will be supervised at all times and the utmost care will be taken to ensure their protection. However, accidents do happen, and I agree not to hold the leadership of CPCC or any of the volunteers associated with the Survivor Weekend, responsible for any accidental injury or death that might occur during this event. (Students must also have the Liability & Medical Release

Form filled out & signed by a parent or guardian in order to attend.)

Parent Signature: _____

Cost: \$60 (scholarships and multiple child discount available) Students receive a T-shirt, devotional journal, & tribe buff.

Survivor Camp Items: Students should wear athletic clothes to Survivor and bring the following: Bible, pen, water bottle, bug spray, sunscreen, sleeping bag, athletic shoes & water shoes, swimsuit, one set of warm clothes to layer up with, small toiletry bag with toothbrush & toothpaste, deodorant, & hair brush. (Pack a small separate backpack with a change of clothes for the final morning. No spaghetti straps, halter tops, belly shirts, or short shorts allowed. Guys must wear shirts at all times. Swimsuits must be modest. See rules for trip. Students will be chaperoned in their camps. Separate sleeping areas for guys & gals will be enforced.)

When: Briefing party on Sunday June 21 at 7:00 p.m. at Iron Clad
Depart for Survivor on Wednesday, June 24, at 5:00 p.m. and return on Saturday June 27 around 2:00 p.m.

Any questions please call: 785-556-4017 or

email: jolklein68@gmail.com

Website: crosspointwamego.com

Cross Point MEDICAL FORM 2020

NAME OF PARTICIPANT _____

BIRTHDATE OF PARTICIPANT _____ PHONE OF PARTICIPANT _____

T-SHIRT SIZE: _____ PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

BEST PHONE NUMBER FOR PARENT/GUARDIAN _____

EMAIL FOR PARENT/GUARDIAN: _____

BEST CONTACT INFO:(I.E:TEXT, FACEBOOK, EMAIL ETC.) _____

NAME OF EMERGENCY CONTACT: _____

PHONE NUMBER FOR EMERGENCY CONTACT: _____

MEDICAL INFORMATION FOR PARTICIPANT
ARE YOU CURRENTLY TAKING MEDICINE OR TREATMENT? ____ YES ____ NO
IF YES, EXPLAIN _____

HAVE YOU EVER HAD A SEVERE REACTION TO A BEE/HORNET STING, OR INSECT BITE?
____ YES ____ NO
IF YES, EXPLAIN _____

MARK ANY ALLERGIES: ____ DRUGS.....LIST _____
____ FOOD.....LIST _____

ANY OTHER ALLERGIES NOT LISTED YET: _____

MARK ANY OF THE FOLLOWING THAT PERTAIN TO YOU:
____ HAY FEVER ____ SINUS TROUBLE ____ HEART TROUBLE ____ EPILEPSY ____ ASTHMA
____ DIABETES

ANY COMMUNICABLE DISEASES PLEASE LIST:
ANY OTHER NEEDS LIST BELOW:

IS THE SPONSOR AUTHORIZED TO APPROVE MEDICAL TREATMENT? ____ YES ____ NO

IS PARTICIPANT COVERED BY PERSONAL/FAMILY MEDICAL INSURANCE? ____ YES ____ NO

IF YES: INSURANCE COMPANY: _____

INSURANCE POLICY OR GROUP NUMBER: _____

PARTICIPATION AGREEMENT!

I acknowledge that participation in the activities of Cross Point Ministry involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activities that are offered by Cross Point Youth Ministry, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arise, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____