

**Gethsemane Lutheran School - 2010 Junior High Leadership Camp**  
**Alpine Conference Center - Blue Jay, California**  
**Wednesday, August 11<sup>th</sup> - Friday, August 13<sup>th</sup>**

**Included Forms - to be turned in by Friday, August 6<sup>th</sup>**

Trip Permission Form

Student Conduct Agreement

Medical Information Form

Medicine Form

Ropes Course Health and Release Form (Read Parent Letter and Apparel List)

Paintball Health and Release Form (Read Parent Letter)

**Departure/Arrival Schedule**

Wednesday, August 11<sup>th</sup>

Drop children off at GLS by 9:30 am

Depart by Bus and Car at 10:00 am

*Bring \$\$ for lunch in Quartzite*

Friday, August 13<sup>th</sup>

Depart Alpine Conference Center by 2:00 pm

*Bring \$\$ for early dinner in Quartzite*

Arrive GLS at 8:00 pm

**Contact information:**

If you have any questions about the trip feel free to contact Mr. Rynes, Mr. Hoffman, or Mrs. Hoffman

Mr. Rynes: (480) 204-8226 Email: [jrynes@glstempe.com](mailto:jrynes@glstempe.com)

Mr. Hoffman: (602) 570-4043 Email: [ehoffman@glstempe.com](mailto:ehoffman@glstempe.com)

Mrs. Hoffman: (602) 570-4042 Email: [glshoffman@yahoo.com](mailto:glshoffman@yahoo.com)

## **“To Bring” List**

Alpine Camp and Conference Center is located at an elevation of 5300 feet in the San Bernardino mountains. The weather is subject to change suddenly. It is important to come prepared with the right clothing and items for all types of weather. To aide in a quality experience, the following items are recommended:

### **Basic Packing List**

- Bible, pencil, pen, notebook
- Flashlight
- Duffle bag or small suitcase
- Sleeping Bag
- Pillow
- Pajamas or sleeping clothes
- Socks & underwear (4 pairs each)
- Short sleeve shirts
- Shorts (optional)
- Long pants or jeans
- Sweatshirt or long sleeve shirt(s) or light jacket
- Tennis shoes or hiking shoes (you may want to bring two pairs of shoes)
- Toiletry Items (soap, towel, washcloth, toothbrush, toothpaste, deodorant, etc.)
- Lip protection & sun block
- Beach towel
- Swimsuit (ladies, please pack a modest one-piece swimsuit)
- Trash bag
- Water bottle
- Old, worn clothes (in layers) for paintball

### **Extras (if desired)**

- Camera
- Money for Gift & Snack Shop

### **Leave at Home**

- Ipods, CD players, radios, etc.
- Pocket knives or other cutting tools
- Handheld gaming devices

**Note:** Electronics

**Cell Phones:** Students are encouraged to leave all cell phones at home. If there is a need that arises where a student has to call home, they may either use the camp phone or Mr. Hoffman, Mrs. Hoffman, or Mr. Rynes will provide them a cell phone to call home from.

**Ipods:** Ipods will be allowed for the bus rides to and from camp. These will be packed away for the remainder of camp.

**Cameras/Camcorders:** Students are permitted to bring cameras and camcorders to camp; though they are liable for them and are expected to be responsible for them. Chaperones will be taking plenty of pictures throughout the camp for students and parents to enjoy later.

**PARENT/GUARDIAN/ADULT WAIVER**  
**7th/8th Grade Leadership Camp - 2010**

**Participant Name:** \_\_\_\_\_ **Soc.Sec.#** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In consideration of acceptance of participant in the above-named activity, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against GETHSEMANE LUTHERAN SCHOOL and its agents, employees, representatives, successors and assigns for any and all injuries suffered by the participant that arise out of the above-named activity.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named person harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that the participant or I should make claim against the above-named person(s) or damages arising out of the above-named activity, I will personally indemnify, defend, and hold harmless the person(s) and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

**Parent/Guardian/Self Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**INSURANCE INFORMATION**

**Parent/Guardian/Self Health Insurance Company Name & Phone Number;**

**Claims Office**

**Address** \_\_\_\_\_

\_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**EMPLOYER'S Name, Address, and**

**Phone:** \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**(Phone):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PHYSICIAN'S NAME** \_\_\_\_\_

**Address & Phone:** \_\_\_\_\_

## CODE OF CONDUCT & DISCIPLINARY RELEASE

\_\_\_\_\_, UNDERSTAND THAT THIS TRIP IS A PRIVILEGE AND AGREE TO ABIDE BY THE PROVISIONS SET FORTH. **MY PARENT(S) AND / OR GUARDIAN(S) AND I ACCEPT THE CONSEQUENCES OF NON-COMPLIANCE WITH THESE PROVISIONS.**

**WE UNDERSTAND THAT I MAY BE SENT HOME AT THE DISCRETION OF THE CHAPERONES, AT OUR PERSONAL EXPENSE FOR NON-COMPLIANCE OF THESE PROVISIONS OR ILLNESS / INJURY. (ANY ADDITIONAL EXPENSES ACCRUED TO THE ROOM WILL BE CHARGED TO PARENT / GUARDIAN.)**

1. I WILL SHOW RESPECT AT ALL TIMES TO THE **CHAPERONES** ACCOMPANYING ME ON THE TRIP. FURTHERMORE, I WILL DISPLAY APPROPRIATE MANNERS AND DECORUM IN ALL PLACES AND SITUATIONS I ENCOUNTER. I WILL RESPECT THE PERSONAL PROPERTY OF OTHERS AND THE ENVIRONMENT.
2. I WILL COMPLY WITH DRESS CODE AS SET FORTH.
3. I WILL NOT BRING, USE, OR PURCHASE ANY UNAUTHORIZED OR ILLEGAL MATERIALS FOR THE DURATION OF THE TRIP; **i.e. alcohol, tobacco, drugs, weapons, matches, lighters, or pornography**
4. I WILL DISCLOSE THE POSSESSION OF ANY PRESCRIPTION AND / OR NON-PRESCRIPTION MEDICATIONS TO THE APPROPRIATE STAFF PERSONNEL.
5. I WILL STAY WITH MY ASSIGNED GROUP AND CHECK-IN WITH MY GROUP LEADER AT THE DESIGNATED AREAS AND INTERVALS ON TIME.  
IF I ACCIDENTALLY BECOME SEPARATED FROM MY GROUP, I WILL GO IMMEDIATELY TO THE DESIGNATED MEETING PLACE AND WAIT FOR MY GROUP LEADER.
5. I WILL NOT LEAVE MY ASSIGNED CABIN ROOM FOR ANY REASON OTHER THAN AN EMERGENCY **i.e. fire, earthquake, flood. illness**, AFTER "LIGHTS OUT", UNTIL THE MORNING "WAKE-UPCALL".
6. I WILL BE ON TIME FOR AND PARTICIPATE IN ALL ACTIVITIES WILLINGLY, UNLESS LIMITED BY ILLNESS OR INJURY, AS DETERMINED BY **THE CHAPERONES**.
7. I WILL ASSUME PERSONAL RESPONSIBILITY FOR MYSELF AND MY BELONGINGS.
8. I WILL WILLINGLY ASSIST IN CHORES ASSIGNED TO ME BY THE CHAPERONES; **i.e. loading, unloading, cleanup, devotions, etc.**

SIGNED AND ATTESTED THIS DAY \_\_\_\_\_, \_\_\_\_\_, 2010

PARTICIPANT \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**CONSENT TO TREATMENT OF A MINOR and/or INCAPACITATED ADULT**

As Parent/Guardian/Legal Adult of \_\_\_\_\_, I hereby Authorize Mr. Hoffman, Mrs. Hoffman, Mr. Rynes and his / her agent(s) to secure any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon in which the medical care is being sought and on the medical staff of any hospital; or consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the participant by any licensed dentist in which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care being required, but is given to provide authority and power on the part of Gethsemane Lutheran School, Mr. Rynes, Mr. Hoffman, Mrs. Hoffman and his / her agent(s) to give specific consent to any or all such examination, anesthetic, diagnosis, treatment, or hospital care which the surgeon, physician or dentist, in the exercise of his best judgment, may deem advisable.

The parent/guardian/legal adult hereby agrees to fully pay all costs of the medical or dental care incurred for the participant by under this authorization.

Parent/ Guardian / Self \_\_\_\_\_ Date \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**MEDICAL PROBLEMS:**

Drugs \_\_\_\_\_ Stomach Problems \_\_\_\_\_ Hay Fever \_\_\_\_\_  
Diabetes \_\_\_\_\_ Heart Condition \_\_\_\_\_ Bee Stings \_\_\_\_\_  
Asthma \_\_\_\_\_ Fainting \_\_\_\_\_ Seizures \_\_\_\_\_  
Hypoglycemia \_\_\_\_\_ Other Physical Conditions \_\_\_\_\_  
Other \_\_\_\_\_

If any of the above are checked, please give details (include treatment of allergic reactions): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent Surgery, accident or illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Information and Consent for Medication Administration

For \_\_\_\_\_ (student's name).

Please list all current medications your student is taking. Include, dosage and times:

If you would like us to administer these medications, we need them in a labeled bottle. Include only enough for the three days.

Please list any allergies your student has to medications, foods or other.

I, \_\_\_\_\_ give Gethsemane School and representatives permission to administer the listed medications for the 8<sup>th</sup> grade trip to Alpine Camp. I also give my permission for my student to receive:

Tylenol 350mg    2 tablets    as directed for headaches or minor pain

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_