



Panama City Beach

2012

July 15-21

Cost \$499

Students in grades 9-12 this year
Registration and \$100 due March 1

Big Stuf is a camp dedicated to exposing students to a bigger idea of God as well as a deeper understanding of what it means to live a life for Him through unbelievable worship and incredible teaching. Not to mention, it's on the beach. **YOU DO NOT WANT TO MISS THIS!**

REGISTRATION AND MEDICAL RELEASE - BIG STUF CAMP TRIP JULY 15-21, 2011

| | | | | |
|---------------------|----------|-----------------|------------|-------------------------|
| Name (Last) | (MI) | (First) | Home Phone | Emergency Contact Phone |
| Home Street Address | | | City | Zip |
| Email | | Grade (current) | | |
| First Contact | Employer | | Work Phone | Cell Phone |
| Second Contact | Employer | | Work Phone | Cell Phone |

| | |
|--|-------------------|
| Insurance Company – Primary | Subscriber’s Name |
| Policy # | Group # |
| Subscriber’s Birth Date | |
| Insurance Company – Secondary | Subscriber’s Name |
| Policy # | Group # |
| Subscriber’s Birth Date | |
| Current Prescription(s) (remember to update any changes) | Allergies |
| Medical Conditions/Notations | |

I do hereby give the above named student permission to take part in BIG STUF CAMP trip to PANAMA CITY BEACH, FLORIDA being sponsored by Ginghamburg Church Student Ministry on JULY 15-21, 2011.

I do hereby agree to Ginghamburg Student Ministry policy on discipline for off site trips, which can include my student being sent home or picked up from the trip location at the parent or guardian’s expense. Any expenses incurred by Ginghamburg church in relation to sending named child will be reimbursed by the parent or guardian.

I grant permission for Ginghamburg Church's Student Ministry to use photographs, still images, and video tapings taken during this event for the sole purpose of decorative camp enhancements, presentations publications, and website use. This permission is applicable for current, as well as, future project use.

Ginghamburg Church and affiliations that are associated with Ginghamburg Church under stand a respect you and your child’s privacy. There may arise a situation where your child requires medical treatment or medical treatment at a medical facility. To be compliant with the Privacy Law, (HIPAA), enacted by the Federal Government in 2003, Ginghamburg Church and affiliations associated with Ginghamburg Church will not disclose any medical information about your child to any individual or individuals that are not in direct care or temporary guardianship of your child without your authorization. Your child’s medical information including any medical documentation that may be completed by a staff member accompanying your child will be kept in a secure place. You have the right to revoke this authorization at any time.

In the event that he/she is injured while participating, I do hereby authorize and consent to any x-ray exam, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any licensed medical or dental staff member on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is further understood that efforts shall be made to contact me, the undersigned, and prior to rendering treatment to the above named child, but that any of the above mentioned treatments shall not be withheld if I cannot be reached.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to review my child’s medical release record filed for this event or activity. The review of a medical record will be needed in the event of a medical emergency or to monitor medications or prescriptions being taken by the child.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to accompany my child to a medical facility in the event of a medical emergency requiring physician intervention.

I authorize individuals assigned as temporary guardians by Ginghamburg Church and affiliations associated with Ginghamburg Church to obtain and release medical information to qualified medical personnel when it is deemed pertinent to my child’s illness or injury.

NAME (Parent Please Print)_____

NAME (Parent Signature)_____

(Date)_____

REGISTRATION

- A student ministry registration form must be filled out and turned in by the first deadline.
- Registration and the deposit together will reserve a spot as trips fill up on a first come basis.
- A late registration is accepted with a \$40 additional cost and will only be accepted as space and time limits allow

DEPARTURE

We will leave from the Avenue at 9 p.m. on Sunday July 15.

ARRIVAL

We plan to arrive back at the Avenue at approximately 1 a.m. on Saturday, July 21.

HOUSING

- We will be staying at: The Boardwalk Beach Resort-9600 S. Thomas Dr. Panama City Beach, FL 32408
- Phone number: 1-800-224-Gulf

CONTACTS

Trip Leader: Chris Freeman

Emergency contact phone number: 260.418.5480

- Recorded messages on the trip progress will be available at 667-1069, ext 460. No messages may be left on the recorder.

COST

Trip cost: \$499

Covers: transportation, lodging, meals and mission

Late registration fee: \$539, after March 1

DEADLINES AND FINANCES

Deposit and registration deadline: **\$100 and registration form due by March 1**

- Checks should be made out to Ginghamburg Church. Please do not mail more than one week before the deadline. Please turn in to the Avenue office to student ministry staff members only or deposit in the Avenue lobby drop box. Please do not turn into the offering or the main building office.

Payments of \$100 will be due April 1 AND May 1 and the remaining \$199 due June 1

- \$100 deposit goes toward the bus fee and event ticket and is non-refundable. After April 1 no balances are refundable except for emergencies.
- Financial help is always available. Do not let the cost of a trip stop you from pursuing your ambition. See Chris Freeman or email at cfreeman@ginghamburg.org.

PACKING LIST

SUITCASES ARE ALLOWED!

- Spending money
- A back pack **carried with you on the bus** (include all medicines, contacts, water, etc.)
- Journal, bible and a pen, **carried in back pack**
- Bottled water or refillable water bottle
- Beach towels, sunscreen, sunglasses
- Personal toiletries
- ONE PIECE BATHING SUITS
- Flip-flops
- Shorts and t-shirts. **NO BOOTY SHORTS**
- Bed linens and bath towels are provided in the hotel rooms. **No sleeping bags!**
- Medications in their original labeled containers
- Optional items: camera, wet wipes, Tylenol, OTC medications

WHAT NOT TO BRING

- Watches and jewelry other than wedding rings for adults
- **NO CELL PHONES, IPODS, OR VIDEO GAME SYSTEMS**
- Perfume or cologne

EXPECTATIONS

- Teens can never leave a designated area or travel without an adult
- An adult/teen ratio of one to seven will be honored for all traveling and work sights
- No complaining or whining
- No smoking, adults or teens
- No dating or PDA, even hand holding
- Adults and teens will honor lights out, no exceptions
- No phone calls to home or friends
- No clothes with alcohol, sexual or questionable logos
- No provocative clothing (short shorts, mini skirts, spaghetti strap tops, or bare midriffs)
- A buddy system is enforced at all times of three or more persons
- Discipline shall include a conference call home to parents. If not resolved the student will be picked up or sent home at the parent's expense.
- Infractions that include a student to be sent home include, but are not limited to; inappropriate sexual behavior, abusive language or attitude, missing in action, smoking or the possession or use of illegal drugs or alcohol.

MANDATORY TRIP MEETING

Date and time: Wednesday, July 11, 6:00 p.m. Avenue rooms 503 & 504

- Attendance is mandatory for all teens and at least one parent or guardian to attend this pre-trip meeting.
- Make up meetings are not available and it is your responsibility to know and follow directions and rules.

2012 BIGSTUF CAMPS/CONFERENCE PERMISSION, RELEASE, AND CONSENT

DATE OF EVENT:

CHURCH NAME:

YOUTH PASTOR/GROUP LEADER:

STUDENT/LEADER'S NAME:

ADDRESS:

HOME PHONE:

DATE OF BIRTH:

GRADE AS OF FALL 2012 (if student):

I hereby give my permission for myself and/or my child to participate in activities (collectively referred to hereinafter as "Camp") organized by Youth Ministry Resources, Inc. and its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, and licensees (collectively referred to hereinafter as "BigStuf Camps"). I understand and agree that representatives from my home church, not BigStuf Camps, shall be responsible for the care of my child from the time he/she leaves my care, for the duration of camp or the conference, and until he/she returns to my care, including but not limited to travel and lodging arrangements and all other matters pertaining to the direct supervision, care, and safety of my child. I hereby release, hold harmless, and absolve BigStuf Camps, its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the camps and conference, individually and collectively, from and against any and all responsibility, all claims, and all liability for any illness, injury, damage, misadventure, harm, loss, or inconvenience of any kind suffered or sustained as a result of or in any way relating to participation in the camps or conference. I understand that in the event I or my child requires medical treatment while participating in the camps or conference, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the BigStuf staff or any person acting on behalf of BigStuf with respect to the camps and conference, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my and/or my child's medical allergies and medications currently prescribed or being taken, medical problems, and other pertinent information (attach additional sheets, if necessary).

I hereby further authorize and agree to BigStuf Camps to record and photograph (on film, tape, digital, electronic, or otherwise) me and/or my child and to record his or her voice during his or her participation in the Camp. I hereby further authorize and agree to BigStuf Camps' unrestricted use, reuse, and distribution of said images and recordings, in whole or in part, whether in the original or modified form in any manner of media, including but without limitation to for purposes of advertising, promoting, and publicizing camps and the conference, BigStuf Camps whether during the camps or conference or at any time thereafter, in the sole and absolute discretion of BigStuf Camps, both in the United States and internationally. I expressly and irrevocably waive any and all

rights I might otherwise have now or in the future to any related privacy or intellectual property rights, proceeds, benefits, or similar claims of any kind.

I hereby release and discharge BigStuf Camps (as defined herein above), its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the camps and conference, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way relating to the use and exercise of the rights granted in this release and consent.

ALL ALLERGIES OR MEDICAL PROBLEMS, IF APPLICABLE:

NAME OF INSURANCE COMPANY:

GROUP NAME:

NAME OF INSURER:

POLICY NUMBER:

GROUP/SUBSCRIBER NUMBER:

DATE EFFECTIVE:

INSURANCE CO. CLAIM ADDRESS AND PHONE NUMBER:

EMERGENCY CONTACT PERSON:

EMERGENCY DAY AND EVENING NUMBER(S):

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

DATE:

SIGNATURE OF PARTICIPATING STUDENT:

DATE:

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

Notary Public (signature, date, and stamp required)