



Mpact Weekend 2010

When: September 17-19

Where: Carolina Creek Christian Camp, Huntsville
www.carolinacreek.org

How Much: \$140 Early Registration July 24th to August 18th

\$160 Regular Registration August 19th to September 12th

\$175 Late Registration (if space available) after September 12th

Credit cards can be accepted through on-line registration available at www.clearcreek.org (please remember forms must still be filled out and returned to Student Ministry office)

Limited Scholarships are available – a separate scholarship application must be completed and returned along with the following forms. Please contact Student Ministry office for more information.

Questions: Email Ché Acord, Senior High Ministry Assistant at cacord@clearcreek.org or call 281-338-5433 x 415

2010 MPACT WEEKEND INFORMATION:

Schedule

- Please **arrive at the Egret Bay Church parking lot at 4:45 pm on Friday, Sept. 17th**
- Buses will arrive back at church parking lot approx 4:30 pm Sunday, Sept. 19th (Please check hotline for updates).

Contact Information

- **Church hotline number** (updated daily with camp news) 281.316.9411 ext 448
- Lee McClure's Cell 713. 842. 0998 Michael Winstead's Cell: 601.454.6543
- Carolina Creek Christian Camp Emergency Phone: 936 .594.4446

Clothing

- **Only one medium size suitcase per person!**
- Casual clothing, underwear, socks, sleepwear, closed toe shoes, hat if you like
- Swim apparel (girls no bikinis, tankinis are ok but must cover belly or a shirt must be worn over top)

Linens

- Towels and wash cloths
- Twin size sheets and blanket or a sleeping bag, pillow

Miscellaneous

- **Bible** with your name and address on it
- Pen and/or pencil
- Toiletries-soap (it is a good idea to bring a container for soap after use), toothbrush and toothpaste, brush, comb, and other hair necessities, shampoo, deodorant, etc
- Sun block, insect repellent
- Camera and film, flashlight
- Plastic bag for dirty/wet clothes and towels
- Spending money for band merchandise you may want to purchase
- Small backpack and water bottle

Medication

- Medications to be taken at camp should be brought in the original bottle and/or container and placed in a clearly labeled zip-lock bag with camper's name and church information. Medication is to be given to CCCC staff member upon arrival at CCCC parking lot. Medication will be administered by CCCC Staff.

DO NOT BRING

- No short shorts, spaghetti strap tops, small tank tops, or inappropriate slogans or logos
- Weapons of any kind, prank supplies, fireworks or matches
- Skateboards, rollerblades
- Cell phones (only adults), mp3 players, DVD players, computers, or portable video games
- Illegal drugs, alcohol, any form of tobacco
- Or anything else that can and will distract you or someone else from what God is trying to do this weekend

CCCC Senior High Ministry
999 N FM 270 League City, TX 77573 281-338-5433

MPACT WEEKEND September 2010

Registration Form & Medical Release Effective September 17-19, 2010

All information must be completely filled out in order to register your student.

Camper Information (Please Print)

Last Name _____ First _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ Date of Birth _____ Male ___ Female ___

Grade _____ Name of Group Leader or N/A? _____

What Clear Creek Campus do you attend? Egret Bay _____ West Campus _____

T-Shirt Size? Adult Small ___ Adult Med ___ Adult Large ___ Adult XL ___ Adult XXL ___

Rules of Behavior Expected of Each Person

1. No alcohol, drugs, tobacco, or weapons of any kind are permitted.
2. Attendance to all meetings is mandatory.
3. No practical jokes. Practical jokes will result in an automatic ticket home.
4. Follow curfew.
5. Respect other people's property. If you have not been given permission to borrow or use another person's things, do not do so.
6. No foul language.

I/We have reviewed the rules and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of this release does not abide by these rules, he/she may be sent home.

X Parent/Guardian Signature _____ Date _____

X Student Signature _____ Date _____

Media Waiver

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as CCCC sees fit.

X Parent/Guardian Signature _____ Date _____

X Student Signature _____ Date _____

Insurance Information

Please provide a copy of Insurance card

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at an activity.

Do you have medical insurance? _____ Yes If yes, you must attach a copy of the front and back of your card.
_____ No, if No please skip down to next release form

Are there any present medical conditions that we should be aware of? If yes, please explain _____

I understand that my insurance coverage for my child will be used as coverage in the event medical intervention is needed, and that all costs of services and supplies not paid by my insurance carrier will become my responsibility.

I understand all reasonable safety precautions will be taken at all times by CCCC and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent risk associated with this event. I agree not to hold CCCC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the person(s) listed above. In the event the person(s) listed on the Medical Release Form cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the sponsor(s) to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

X Parent/Guardian Signature _____ Date _____

(if you HAVE insurance please skip)

MEDICAL RELEASE FOR CHILD

WHO DOES NOT HAVE PERSONAL HEALTH INSURANCE

My child does not have personal health insurance. I understand that Clear Creek Community Church is not responsible for providing, nor will it provide, my child health insurance while attending:

I, _____, understand that my child's health care is my responsibility and I will not hold the church responsible to pay for any of my child's health care costs during this trip or costs that may result from this trip.

In the event that I cannot be reached to make arrangements for emergency medical attention for my child, I authorize the person in charge to contact and/or take my child to:

Physician _____ Phone _____

Address _____

OR
Hospital _____

Address _____

OR nearest hospital

I give my consent for emergency treatment and agree to be financially responsible for such treatment.

Signature of Parent or Guardian _____ Date _____

Carolina Creek Christian Camp Participation Agreement & Waiver

Name of Camp Participant _____

_____ I am above the age of 18 and am signing this agreement as the camp participant.

_____ I, _____, am the parent/legal guardian of the camp participant, a minor. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following?

1. Recent serious injury: Y N _____

2. Recent surgery: Y N _____

3. Allergies to medications: Y N _____

4. Food Allergies: Y N _____

5. Asthma: Y N _____

If yes to any of the above, please describe: _____

7. Do you take any medications regularly? Y N _____

8. If yes, will you have these with you? Y N _____

9. Has your camper received all vaccinations required to enter school in the state of Texas? Y N

10. Date of last Tetanus Shot _____

11. Add any other necessary medical information: _____

_____ (Attach separate sheet if needed)

Insurance Information:

1. Medical Insurance Company: _____

2. Plan or Group Number: _____

3. Insured Name: _____

4. Insured I.D. # or Member #: _____

5. Insurance Company Phone Number: _____

6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP.

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether by negligence or not.

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____

Adult Participant or Parent/Guardian Signature

Printed Name and Address of Signatory:

Date: **X** _____