

dEEP frEEzE

ACT

What's your response?

**February 25-27, 2011**

**Grades: 7-12**

**Speaker: Duffy Robbins**

**Depart: Friday, 4pm**

**Return: Sunday, 5pm**

**Cost: \$125\***

**DEADLINE TO SIGN UP: MONDAY, JANUARY 17.**

*\$50 deposit due at sign up. Checks payable to PSCRC.*

**Contact Pastor Bill for more info**

**508 234 0596 ~ [pastorbill@pscrc.org](mailto:pastorbill@pscrc.org)**

*Find out more at [www.berea.org](http://www.berea.org)*

*\*We don't want money to be the reason someone doesn't go. If you need financial assistance, please have a parent/guardian contact Pastor Bill.*



## 2011 Deep Freeze CAMPER INFORMATION/ PERMISSION & RELEASE

Group Name: \_\_\_\_\_ Group Leader's Name: \_\_\_\_\_

### **Personal Information: Campers Only**

Dates of Attendance: \_\_\_\_\_ Have you or any of your family ever attended a session here at Berea before? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Camper's Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email \_\_\_\_\_

Home Church (if different from group attending) \_\_\_\_\_

### **PERMISSION STATEMENT**

I understand and certify that my child's participation in Berea's Deep Freeze activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Deep Freeze programs and particularly, but not limited to activities in the snow, football, riflery, broom hockey, volleyball, basketball and wall climbing. I acknowledge that although Camp Berea has taken safety measures to minimize risk, Camp Berea cannot guarantee that the participants, equipment, premises, and/ or activities will be free of hazards, accidents and / or injuries.

I further recognize and have instructed my child in the importance of knowing and abiding by Camp Berea rules, regulations and procedures for the safety of camp participants.

In an emergency, I hereby give permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for my child as named above.

**X** \_\_\_\_\_  
TO BE SIGNED BY PARENT OR GUARDIAN FOR THOSE UNDER 18      DATE

*By signing, I also grant permission for the use of any photos taken of the child named above in Berea promotional materials*

### **Medical**

Date of last Tetanus Shot: \_\_\_\_\_

Known allergies, medical problems or physical limitations: \_\_\_\_\_

Person to contact in case of an emergency (if parents not available):

name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

### **Insurance**

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

If no insurance, I agree to pay for any necessary treatments \_\_\_\_\_  
(signature)