

“MICRO” UNDERGROUND SUMMER CAMP 2009



**JUNE 26 - 28, 2009
CACHE CREEK
REGIONAL PARK
CAMPGROUND**

**REGISTER NOW FOR THE BEST TIME YOU’RE GONNA HAVE ALL SUMMER.
WE ARE GOING CAMPING AND WHITEWATER RIVER RAFTING IN YOLO
COUNTY.**

WE WILL BE:

- **HANGING OUT WITH FRIENDS**
- **PLAYING GAMES**
- **RAFTING ALL DAY ON SUNDAY**
- **SWIMMING**
- **HIKING IN THE MOONLIGHT**
- **GATHERING AROUND A WARM CAMP FIRE**
- **EATING GREAT FOOD**

**ANDTALKING ABOUT HOW GOD HAS A MICROSCOPIC VIEW OF YOUR
LIFE. HE’S NOT JUST SOME FAR OFF BEING; HE’S PERSONAL AND KNOWS
EVERYTHING ABOUT YOU, EVEN THE SMALL, TEENY, TINY DETAILS!**

How Do I Register?

Send or bring in the following and mark for attention:

Rose Wilkinson

Underground Summer Camp 2009

Bridges Community Church

- The COST of the camp is **\$125 before May 31st, 2009**. After May 31st the **price increases to \$135**. **\$60** is non-refundable. Please make checks payable to **Bridges Community Church**.
- **Medical and Liability Release Form:** Please PRINT clearly. Circle your **SHIRT SIZE**.
- **Cache Creek Liability Agreement:** Sign and hand in with your packet

Please Note: Registration closes 6/15/09. **No refunds after 6/15/09**

ALL applications will be responded to with a confirmation email. If you do not receive this within 5 days of your application, please contact the Student Ministries offices.

We understand the cost of camp can be financially difficult for some. Financial assistance is available but we cannot help you if you do not let us know **early**. If you need assistance please enclose a check for \$50, your application and your Financial Aid request (available from Student Ministries). Scholarships are awarded on a first come, first serve basis.

Departure and Return:

- **June 26:** Check-in at Underground at 12:30 p.m. Eat lunch before you come
- Register and check in any medications
- Collect your tee shirt
- **June 28:** Return time is approx. 8:00 p.m.

What To Bring?

- ONE bag with all your stuff
- Sleeping bag, pillow and stuffed animal (if you need one)
- Clothing for the weekend
- Towel for shower and swimming
- Laced tennis shoes - MANDATORY for rafting
- Toiletries (incl. deodorant PLEASE)
- Sweater/jacket for evening
- Flashlight
- Bible and pen
- Modest one-piece swimsuit

BRIDGES COMMUNITY CHURCH MEDICAL AND LIABILITY RELEASE FORM

Event: JUNIOR HIGH SUMMER CAMP 2009

Dates: June 26 - 28, 2009

Cost: \$125 before May 31st

\$135 after May 31st

\$60 non-refundable

No refunds after June 15, 2009

PERSONAL INFORMATION

Please PRINT clearly

Last Name: _____ First Name: _____ Age: _____ Gender: M [] F []

Home Tel: _____ Cell Tel: _____ Grade: _____ DOB: ____/____/____

Address: _____ City/State: _____ Zip: _____

Student's Email: _____ Parent's Email: _____

Father's Name: _____ Tel: _____ Cell Phone: _____

Mother's Name: _____ Tel: _____ Cell Phone: _____

(List phone #'s where you can be reached during the trip dates)

Emergency Contact *(other than parent)*: _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Insured ID #: _____

ADULT Shirt Size: [S] [M] [L] [XL] [XXL]

MEDICAL HISTORY *(All medical information provided will be treated with confidentiality)*

Immunizations:

Date of last Tetanus: ____-____-____ *(Domestic travel and trips)*

Date of last Hepatitis A: ____-____-____

Date of last Typhoid: ____-____-____ *(International travel and trips)*

Do you have any active or recent medical problems we should be aware of? Yes [] No [] If Yes, provide details: _____

Have you had recent surgery? If yes, please list date & type _____

What medicines do you take now? List name & dosage _____

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE any of the checked conditions below and any other serious illness not listed *(use Pg 2 if nec)*.

CONDITION	Y	N	SPECIFY DETAILS	CONDITION	Y	N	SPECIFY DETAILS
Heart Condition				Thyroid Problems			
High Blood Pressure				AIDS/HIV Positive			
Blood Disorder (e.g. Bruising, Anemia, Bleeding, etc.)				Sleep Issues (e.g. Sleep Apnea, Insomnia, etc.)			
Epilepsy/Seizures				ADD/Autism			
Fainting/Dizziness				Psychiatric/Anxiety/Depression			
Cancer/Chemo/Radiation				Hearing Problems			
Breathing/Asthma Problems				Learning Problems			
Sinus//Hay Fever				Behavior Disorders			
Stomach/Intestinal Problems				Physical Handicap			
Diabetes				Drug Allergies			
Kidney/Renal Problems				Food Allergies			
Hypoglycemia				Environmental Allergies			
Hepatitis/Liver Problems				Insect Stings/Reactions			

BRIDGES COMMUNITY CHURCH MEDICAL AND LIABILITY RELEASE FORM

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OTHER PERTINENT MEDICAL INFORMATION

Please PRINT Clearly

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please send us the information necessary to ensure proper medical service if necessary: _____

List any other medical information or special needs we should be aware of: _____

RESTRICTIONS

Swimming Restrictions: Yes [] No [] Activity Restrictions: Yes [] No [] Other restrictions (please specify): _____

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes BRIDGES COMMUNITY CHURCH, Fremont, California ("BRIDGES"), acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect until revoked in writing by participant or participant's parent or guardian, as the case may be. BRIDGES and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/guardian(s), if applicable) will reimburse BRIDGES for the reasonable cost of transporting participant from the event location to Bridges' Fremont campus. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes BRIDGES and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless BRIDGES and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges BRIDGES and such persons from any liability or claim against BRIDGES or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. BRIDGES does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

Participant Signature: _____

Date: ____/____/____

Parent (with custody of Participant) or Guardian Signature: _____

Date: ____/____/____

PRINT PARENT OR GUARDIAN SIGNATURE: _____

CACHE CANYON RIVER TRIPS, INC.

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Participant Name (Printed) _____

WARNING: There are significant elements of risk in any adventure, sport or activity associated with the outdoors or wilderness. The use or presence of watercraft, including but not limited to canoes, kayaks, rafts, tubes, incidental camping or hiking (referred to herein as "program/activity"), and the use of any related equipment.

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown. **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES** or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. **COVENANT OF GOOD FAITH:** I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

5. **AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become your property and may be used for promotional or commercial purposes.

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS CACHE CANYON RIVER TRIPS, INC.** its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event(RELEASES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above. **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES**, to the fullest extent permitted by law.

Parent/Guardian Signature

Date

Emergency Phone Number