

**FAITH  
STUDENT  
MINISTRIES**

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# CAMP FARLEY TRIP

## **WHEN**

FRI OCT 25-SUN OCT 27

## **WHERE**

CAMP FARLEY 4H  
615 ROUTE 130, MASHPEE

## **COST**

\$50 PER STUDENT  
INCLUDES-FOOD, LODGING,  
AND ALL THE WEEKEND  
ACTIVITIES

(EACH ADDITIONAL FAMILY  
MEMBER \$30)

IF THIS IS A FINANCIAL BURDEN  
PLEASE CONTACT ADAM MALICIA

## **DROP OFF**

**FRIDAY OCT 25TH  
5:30 AT CAMP FARLEY 4H**

## **PICKUP**

**SUNDAY OCT 27TH  
12:30 AT CAMP FARLEY**

**PLEASE COME WITH ALL YOUR  
FORMS COMPLETED AND FULL  
PAYMENT**

# CAMP FARLEY PACKING LIST

## Clothing:

- **Warm clothing --gloves, hat, jacket (IT WILL GET COLD!!!)**
- PJ's
- Sweatshirt
- Sneakers or boots
- Extra socks

## Bedroom/Bathroom Items:

- Toothbrush/paste, hairbrush, soap, deodorant, etc.
- Towels – include hand towel, bath
- Sleeping Bag (THERE ARE BEDS< NO LINENS)
- Pillow

## Other:

- Bible, pen/pencil, notebook (DON'T FORGET!!!)
- Flashlight and batteries
- Bug repellent
- Water bottle
- Folding camp chair

## Optional:

- Camera
- Sports equipment
- Board games or card games
- Nerf guns and darts. (LABEL EVERYTHING!!)

## What NOT to Bring:

- All kinds of electronic entertainment devices:
- Includes radios/CD or MP3 players, (IPODs, etc.),
- TVs,
- Laptops,
- Electronic games (Gameboys, etc.)
- **Cell phones**. (ALL LEADERS WILL HAVE PHONES)

If we see them, we take them. PLEASE PARENTS help us with this!!

# Faith Baptist Church Medical & Permission Form

Please print in ink

PARTICIPANT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_ / \_\_\_\_\_

WORK PHONE(S)/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

PARENT E-MAIL ADDRESS \_\_\_\_\_

YOUTH E-MAIL \_\_\_\_\_

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child:

\_\_\_\_\_ ("Participant"), to attend and participate in Faith Baptist Church children or youth ministry activities, events, and retreats during the period of \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of Faith Baptist Church allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Faith Baptist Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Faith Baptist Church. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation if applicable

Medical Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Emergency Phone #s and contact person in case parent/guardian cannot be reached: \_\_\_\_\_

\_\_\_\_\_ Allergies or

Medical Conditions: \_\_\_\_\_

Parent/Guardian Signatures \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_