



SPRING BREAK-OUT 2019

APRIL 6TH - 13TH

COST: \$350

ROAD TRIP OF LEGENDS

Six Flags Magic Mountain

TWO Days @ Disneyland/California Adventure

Huntington Beach (a.k.a Surf City)

ONLY 48 SPOTS OPEN!

\$150 holds your spot

(\$50 Non-Refundable)

Full amount due March 12th or sooner!

WHAT TO EXPECT

We take this Spring Break trip every-other year at Camano Chapel to offer a fun, exciting and affordable trip for high school students. We want as many as possible to experience a memory that they will keep for a life time and make lasting relationships.

During the trip we expect everyone to respect each other and be on their best behavior both on the bus and in the parks. We want this to be a safe and enjoyable trip for everyone! This is a once (or twice) in a lifetime trip and you wont want to miss it.

WHAT TO BRING

Sleeping bag

Pillow

7-8 days of Clothes

Rain Jacket or sweatshirt

PJs

Bathroom Supplies

Cell Phone

Portable Battery Charger?

Games to play on Bus

\$75+ for 10-14 meals

Souvenir \$\$

Snacks and/or meals to save \$\$

Walking Shoes

Sandals

Limit **ONE** luggage bag & **ONE** Backpack
(sleeping items NOT included)

ITINERARY

Saturday, April 6th

Leave Camano Chapel at 11:00am

Sunday, April 7th

Arrive in Bellflower CA at 4:00pm
Calvary Baptist Church
14722 Clark Ave, Bellflower,
CA 90706

Monday, April 8th

Six Flags Magic Mountain

Tuesday, April 9th

Disneyland/ California Adventure

Wednesday, April 10th

Huntington Beach
Surf Option/ Night of Worship/ Dinner

Thursday, April 11th

Disneyland/ California Adventure

Friday, April 12th

Leave Bellflower, CA for PNW

Saturday, April 13th

Arrive at Camano Chapel (Afternoon*)

CONTACT INFO

Aaron Bardon Cell : 425-359-0132 (Youth Director)

Calvary Baptist : (562) 925-3706 (In Emergencies)

Camano Chapel : (360) 387-7202 (For Before and After)

Spring Break Out (grades 9-12) April 6-13, 2019

Name _____

M / F Grade (Fall of 2018) _____

Parent Name _____

Parent Cell Phone # _____

Student Cell Phone # _____

\$150 holds your spot (\$50 NON REFUNDABLE DEPOSIT)

\$350 paid in full by 3/5**

(checks to Camano Chapel) 867 S. West Camano Dr. 98282

Include your consent/release/medical form with your payment

Place envelope in offering bucket, or in wooden box outside Jennifer's door, or mail to church attention Beth Erickson. Questions contact Beth at betherickson@camanochapel.org.



Student's Name: _____

Date of Birth _____ Grade as of fall: _____

Emergency Phone #/Name _____

Parent Email _____

Circle One: Survivor Camp (5-8) Summer Breeze (9-12)

CAMANO CHAPEL CONSENT & RELEASE FROM LIABILITY Revised 4/16/12
867 S. West Camano Drive Camano Island, WA 98282 (360) 387-7202

I, _____, the _____
(Print name of parent or guardian) (Relationship: parent/guardian)

of _____, do hereby consent to his/her
(Print Name of child/student)

participation in the Life Development & Student Ministries activities.

This Consent and Release Form applies to functions and/or activities including:

-Transportation to and/or from scheduled meetings, trips, outings and/or camps.

-Participation in scheduled meetings, trips, outings and/or camps.

-Medical care for child/student in case of emergency.

-Use of child's/student's photo individually or in a group setting. (Pictures may only be used for

the purpose of ministry related bulletin boards, videos, brochures, and/or church directories).

I understand that I, or my designee, is responsible for the above child's safety prior to pickup and immediately upon drop off at designated pickup and drop off points. I further understand that all drivers and passengers of Camano Chapel vans and/or personal vehicles used in any event are **required by state law to wear seat belts at all times while vehicles are in motion.**

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the ministry staff to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named on this form. I understand every effort will be made to notify parents or guardians of child/student.

I DO HEREBY AUTHORIZE AND HOLD HARMLESS CAMANO CHAPEL, and all of its ministries and departments, each of the leaders, and each of the accompanying persons FROM ALL LIABILITY for mishap or injury of any nature whatsoever.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

Alternate Emergency Phone Number _____

Doctor's Name/Phone Number: _____

Health Insurance Carrier and Policy Number: _____

Insurance Subscriber: _____

Person financially responsible: _____

Camano Chapel Participant Medical Information

All medications must be in original prescription or OTC containers with specific directions for dosage and frequency, or it will not be accepted by the person(s) registering the student.

Check all that apply:

☐ This child takes medication(s) and will self-medicate. I understand that the child will be required to turn all medication(s) (clearly labled) over to the designated adult. I further understand that it will be this child's responsibility to present himself/herself at a location designated for receiving medication(s) at frequencies/times listed below. I understand that the adult to whom this child surrenders the medication may have no medical training and will not measure dosages. This child will return the medication(s) to the adult after he/she self medicates. At the conclusion of the event/camp it will be this child's responsibility to pick up remaining medication.

☐ This child can self medicate and has permission to keep their medications with them.

(Example: Epi-pen, inhaler, etc) Please List: _____

☐ This child takes medication but is unable to self-medicate.

Medication: _____ Reason for medication: _____

Dosage & Frequency: _____

Directions: _____

☐ No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening & emergency treatment is required.

☐ I grant permission for the following nonprescription medication to be given to this child, (Excluding medication listed that causes allergic reaction).

Non-aspirin pain reliever: Yes / No # of tablets per dosage _____

Decongestant: Yes / No # of tablets per dosage _____

Antihistamine: Yes / No # of tablets per dosage _____

Throat Lozenge: Yes / No **Antacid:** Yes / No

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc? If so, date and disease/condition: _____

Known allergies: _____

Last Tetanus shot: _____

Physical Limitations _____

SIGNITURE OF PARENT/GUARDIAN _____ Date: _____

DATE	TIME	DATE	TIME	DATE	TIME