

WINTER SNOW CAMP:

MONADNOCK

January 17-19, 2020



WHO:

All students between **6th** and **8th** grade are invited. You do not need any church background!

WHAT:

A fun and impactful weekend of fellowship, adventure, and teaching at Monadnock Bible Camp in NH! The camp has many activities, including an indoor pool, snow tubing, a game room, and paintball. You'll grow closer to Christ, to each other, and have a blast in the process! The theme for this year is "**GOD IN THE GRIND**" and is about how to set our sights on God and his purposes for us in the tiring, daily "grind" of life.

TRAVEL:

We'll carpool up to camp this year, so parents, if you're willing to drive students to/from camp this year. Drivers can subtract **\$15 each way** from their camp payment. We'll meet at the church Friday, 1/17 @ 3:30 PM and return Sunday, 1/19 by 3:00 PM.

REGISTER:

The cost is **\$175**, and covers everything (lodging, meals, etc), and helps to defray group costs. For those wanting to spread payment out, we'll hold your spot with a \$60 deposit, with the remainder due **Dec 11**. Thinking of bringing a friend? If you bring a friend from outside of NSCBC who's never been to camp, both your registration and theirs are **\$160**, each. Checks can be made payable to North Shore Community Baptist Church. If cost is an issue, we have scholarship help available (contact Ben). *There will also be an opportunity (see page 3) to provide scholarships for others & leaders.*

For more info about camp or NSCBC Youth Ministries, contact Ben at ben@nscbc.org!



CAMP ADDRESS:

257 Dublin Road,
P.O. Box 70
Jaffrey, NH 03452
603-532-8321

www.monadnockbible.org

REGISTER BY DEC. 11



NORTH SHORE
COMMUNITY BAPTIST CHURCH

PERMISSION - RELEASE FORM (PAGE 1)

Student Name: _____ Birth Date: _____ School: _____ Grade: _____

Student e-mail: _____ Student Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian(s) Names: _____

Parent/Guardian(s)' E-mail(s): _____

Emergency Contact: _____ Emergency Phone #: _____

MEDICAL INFORMATION (Required for overnight trips)

Allergies: _____

Medications being taken: _____

Physical Handicaps or Limitations: _____

Medical Insurance Company: _____

Policy Number _____ Member's Name _____

SPECIAL DIETARY NEEDS/FOOD ALLERGIES: _____

I give permission for my above-named child to participate in the **Winter Snow Camp Jan 17-19, 2020** at Monadnock Bible Conference.

In consideration of my child participating in the specified activity, I hereby release North Shore Community Baptist Church, its agents, employees and sponsors from all actions, cause of action, damages, claims or demands which I, my heirs, executors and/or assigns, may have against North Shore Community Baptist Church and other above described parties for all personal injury known or unknown which the above child has or may incur as a result of participating in the activity, including transportation related thereto. I further authorize the adult leader of this activity to obtain necessary or emergency medical treatment including, but not limited to, EMT services, x-ray, medical, dental, or surgical diagnosis and/or treatment and hospital care. During the course of any treatment, it is my understanding that the adult leader will make every effort to contact me.

Parent or Legal Guardian Signature: _____ Date: _____

NORTH SHORE COMMUNITY BAPTIST CHURCH'S STUDENT AGREEMENT:

Because we have a responsibility before God to promote a lifestyle that is pleasing to Him, and because of our concern for the well-being of our youth, we ask the following. All youth are required to participate in scheduled activities with the rest of our group. You must listen to your adult leaders at all times. If you have a boyfriend/girlfriend on this trip, we ask that you please refrain from any physical displays of affection and the exclusivity that is often associated. You must refrain from the use of tobacco, alcohol and other drugs during your time with us. Lastly, we ask that you please leave behind all electronics. If adherence to any of these policies becomes a problem, you may be sent home early.

Student Signature as agreement to above: _____

Please note: Student(s) will not be able to attend this trip without a signed permission form. (FLIP OVER)

PERMISSION - RELEASE FORM (PAGE 2)

The undersigned gives permission for my son/daughter _____ to **ride in any vehicle driven** by an approved and licensed chaperone while attending and participating in activities sponsored by North Shore Community Baptist Church. My son/daughter and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation. I release North Shore Community Baptist Church, the owner and the driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Name of youth participant

Signature of youth participant

Date

Name of parent/guardian

Signature of parent/guardian

Date

Help us to send people to camp...

Camp is a life-changing experience, and we don't want cost to be barrier for anyone's ability to attend Winter Camp. We'd like anyone who may have trouble attending camp to be able to go, but we need your help! We'd also like to be able to send a full leadership team up with our youth. Would you consider investing in this?

_____ *I would like to help provide a **scholarship** (\$175) to help one youth or youth leader attend Monadnock 2020.*

_____ *I would like to help provide a **partial scholarship** (\$45, \$75, \$100) to help one youth or youth leader attend Monadnock 2020.*

Help us to pray...

We want retreat to be an experience that **nobody has to miss out on**. Would you give us the **first name** of one friend from outside of NSCBC who you feel would benefit from experiencing Monadnock? We encourage you to invite this friend, and your Youth Leaders will be praying for this person by name: _____



Encounter Medical Form



Guest/Staff/Volunteer Name: _____

(First, Middle Initial, Last)

Church/Group Name: _____

Date of Birth: ____/____/____ ___ Male ___ Female

Monadnock Christian Ministries will call if there is/are question(s) regarding your child's health and/or if there's an emergency. Please provide contact information for a custodial parent/legal guardian who will be available via phone while your child is at Monadnock Christian Conference Center Incorporated. **Staff, volunteers and leaders will provide an emergency contact. One Medical Form per person!**

Parent/Legal Guardian/Emergency Contact Name: _____

Primary Phone Number: (_____) _____

Alternate Phone Number: (_____) _____

Parent/Legal Guardian/Emergency Contact Home Address: _____

(Street Address, City/Town, State, Zip Code)

About Health Care for Encounter/Weekend Retreat Attendees:

1. At Minimum, a Staff Member/Volunteer will be EMT Certified and/or First Aid/CPR/AED Certified when attendees are at weekend retreats at Monadnock Christian Conference Center Incorporated.
2. Monadnock Christian Conference Center Incorporated has a Health Center stocked with non-prescription medications to manage/treat injuries and/or illnesses.

List of non-prescription medications available in the Camp Health Center:

-Please clearly cross out medication(s) the attendee should NOT be given-

- Acetaminophen (Tylenol)
- Pseudoephedrine (Sudafed)
- Antibiotic Cream (topical)
- Calamine Lotion (topical)
- Diphenhydramine-Antihistamine/Allergy Medicine (Benadryl)
- Epinephrine (Epi-Pen for severe allergic reactions)
- Hydrocortisone Cream
- Lice Shampoo (Nix, Elimite and/or Mayonnaise)
- Saline Eye Drops (Visine/Clear Eyes)
- Aloe
- Antifungal Spray/Powder
- Cough Syrup/Cough Drops
- Ibuprofen
- Electrolyte Drinks/Powders (Gatorade/Powerade)

-PLEASE TURN TO THE OTHER SIDE-



Encounter Medical Form



Date of the Attendees Last Tetanus Shot: ____/____/____

-Any known medical limitations/conditions (including allergies):

-Please list all medications (prescription, non-prescription and vitamins) and why they're used:

Insurance Information

(Attach a copy of your insurance card if possible)

Subscribers Full Name: _____

Name of Insurance Company: _____

Insurance ID: _____

Insurance Co. Phone Number: _____

PERMISSION STATEMENT:

"I understand and certify that my child's participation in Monadnock Christian Conference Center Incorporated's Encounter/Weekend Retreat Program is completely voluntary, and I have familiarized myself with the program and activities my child will be participating in. I recognize certain hazards and dangers are inherent in the Encounter/Weekend Retreat Program and particularly, but not limited to: snow tubing/sledding, activities in the snow, tournaments, hatchet throwing, archery, paintball, riflery, pillow polo, gaga, volleyball, basketball, swimming (indoor heated pool), zip lining, low and high ropes course, wall climbing, archery tag, group games and other activities. I acknowledge that although Monadnock Christian Conference Center Incorporated has taken safety measures to minimize risk, Monadnock Christian Conference Center Incorporated cannot guarantee the participants, equipment, facilities, premises, and/or activities will be free of hazards, accidents, injury and/or death. I further recognize and have instructed my child in the importance of knowing and abiding by all camp rules, policies and procedures for the safety of every guest, volunteer and staff member. I sign this releasing Monadnock Christian Conference Center Incorporated of all liability, with full knowledge of the inherent risks of the "Encounter" program."

"I hereby give permission to the physician(s) and/or hospital/medical center selected by Camp Leadership to hospitalize and/or medically treat my child as deemed necessary. This may include: laboratory work, radiological procedures, immunization(s), prescribing medication(s) and other procedures necessary for medical treatment, including surgery"

"In registering my child for any event at Monadnock Christian Conference Center Inc., I grant permission to Monadnock Christian Conference Center Inc. and any of its ministries to use my child's name, voice and/or image for promotional reasons."

Signature of Parent/Legal Guardian: _____

Date: ____/____/____