The CHUMY Fam

2022 Summer Retreat

Before I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participates in the summer camps hosted by the church, I acknowledge that certain risks are associated with these activities including: injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware of. After having been fully informed of this inherent and possible risk, the undersigned hereby give our consent to and authorize the child named above to participate in all events conducted by Chapel Hill UMC.

**FIRST AID AND EMERGENCY MEDICAL TREATMENT \_\_\_\_** *(initial)*

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Chapel Hill UMC to seek and secure any needed medical attention or treatment for myself including hospitalization if in the opinion of the agent such a need arises. Further, I authorize the agent of Chapel Hill UMC to consent to any medications, examinations, and other procedures that may be deemed necessary for the well-being of myself by a licensed medical practitioner in accordance with the existing laws of the state.

**STATEMENT ON PUBLICITY \_\_\_\_** *(initial)*

Chapel Hill UMC takes photographs or makes audio or videotape recordings of children and/or adults involved in church activities. Such photographs or video records may be used by Chapel Hill UMC through its staff for remembrance as well as publications or advertising materials, local news, and other uses that Chapel Hill UMC may deem beneficial. If you give your consent, you are permitting Chapel Hill UMC to use any such audio or visual record of you for the purposes mentioned above. This consent includes but is not limited to:  photographs, videotape, audio recordings, and Chapel Hill UMC’s web page.

**RELEASE OF LIABILITY \_\_\_\_** *(initial)*

By completing and signing this document, you assume and accept all risks and hazards inherent in Church-related programs, outings, and social activities and to release Chapel Hill UMC, its employees, board, agents, volunteer assistants, and other persons or entities, including other participants, from any and all liability for damages, losses or injuries to the person or property of the undersigned. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

**Please list special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)**

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**Health Insurance Company**

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**Health Insurance Company Phone Number**

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**Health Insurance Company Policy Number**

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**Medical Doctor’s Name**

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**Doctor’s Phone Number**

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**Is Tetanus Shot Current? Y / N**

**Fully vaccinated (COVID-19)? Y / N**

**T-Shirt Size: \_\_\_\_\_\_\_\_\_**

*Please sign and return NO LATER THAN JULY 21st!*

Important Information

**Fees**

Camp T-Shirt is $15.00

Retreat is ***free*** *(If you would like to make a donation, see Olive)*

**Itinerary:**

Day One: Arrival, set up, rules, exploring

Day Two: Survivor Games (water, hiking, etc), campfire

Day Three: Worship, Final Game, head back to church

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| --- | --- |
| **Drop Off:** | **Pick Up:** |
| 29 July 2:00 pmChapel Hill UMC |  31 July  3:00 pm Chapel Hill UMC |

**Packing List:**

|  |  |
| --- | --- |
| * Twin bedding (sheets/blankets or sleeping bag w pillow)
* Modest Swimsuit
* Pajamas
* Raincoat or poncho
* Water Bottle
* Athletic shoes\*
* Shower shoes
* Athletic clothing (3 changes)
* Clothes to go home in
 | * Bug repellent
* Sunscreen
* Dental Hygiene
* Shower Hygiene
* Deodorant
* Flashlight
* Towel (2)
* Hat
* Feminine Necessities
* Medications\*\*
 |

\*Closed toe shoes only \*\*Please specify all medications your child will carry and what they are for

**Emergency Contacts:**

 Olive Owens (Youth Minister) – 843.518.7272

 Chapel Hill (The Church) – 405.751.0755

 Camp Egan (Camp Itself) – 918.456.6489