

# YOUNG LIFE WEEKEND CAMP!



## WINDY GAP FEB 2-4



Want to experience the best weekend of your life?

Come to Windy Gap with us!

### ***WHAT WILL WE DO?***

Experience exciting clubs with 400 hundred other high school kids from all over North Carolina + Tennessee. Awesome food, games, a great speaker, giant swing, frisbee golf, incredible clubs and a lot more!

### ***TRANSPORTATION***

We will meet at the Innsbruck Mall Parking Lot on Friday, Feb 2 at approx 7pm. Please eat dinner before arriving. We will return to the Innsbruck Mall Parking Lot on Sunday, Feb 4th around 1:00pm. We will have your child call when we are thirty minutes away.

### ***HOW MUCH DOES IT COST?***

The entire weekend costs \$155 dollars (non-refundable). The price includes meals, housing, transportation, t-shirt and AMAZING fun at Camp!

### ***WHAT DO I PACK?***

Warm clothes, sleeping bag, towel, pillow, toiletries, optional money for snack bar and store, a set of messy clothes, jeans and tennis shoes

**Contact Nathan Burkett @ (828) 989-7296**

### ***How to Register:***

*Complete the Consent and Release form on the back of this sheet.*

*Options: Turn form into your YL Leader or Mail it into the YL OFFICE (see address below) or you can take a picture of it and email it to [buncoyl@gmail.com](mailto:buncoyl@gmail.com).*

### ***Payment Options:***

*Pay online at [asheville.younglife.org](http://asheville.younglife.org) or attach \$155 (cash or check made out to "Young Life" with your child's name and school in the memo line) and turn both into a WL Leader or mail your money and form to the YL Office at: 199A Elkwood Ave. Asheville, NC 28804.*

## CONSENT/ RELEASE FOR YOUNG LIFE ACTIVITY

I or my child will be participating in a Young Life activity: \_\_\_\_\_  
Enter description and date of activity here

**NOTE TO PARTICIPANT/PARENTS-GUARDIANS:** Young Life wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last, First, Middle

Home Contact Info \_\_\_\_\_  
Parents/Guardian/Spouse Name, Number

Home Contact Address \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Emergency Backup Contact Info (Different from above) \_\_\_\_\_  
Name, Number

Any allergies or other medical needs? \_\_\_\_\_

Limits to activities \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Authorization for Treatment:** I/We hereby give permission to the medical personnel selected by Young Life to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to [www.younglife.org](http://www.younglife.org) or call (719) 381-1950.

I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me (or my child) while attending a Young Life activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. Young Life provides SECONDARY insurance for accidents in the amount of \$20,000 medical, \$4,000 dental. Claims less than \$250 are covered in full by Young Life.

I hereby grant Young Life permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of Young Life, including the Internet.

Signature \_\_\_\_\_

Date \_\_\_\_\_