



**Middle School Great Escape  
Panama City (Big Stuf) & Orlando, Florida  
July 22 – 30, 2012**

**Completed 6<sup>th</sup> – 8<sup>th</sup> Grades**

**How to Sign Up:**

Mail the following items to:

Susan Aldana

First Presbyterian Church of Houston  
5300 Main Street, Houston, TX 77004

**1. \$300 Deposit**

- Make checks out to First Presbyterian Church
- Memo line of check: Great Escape & students name

**2. FPC Liability Release Form**

**3. Big Stuf Camps Permission, Release, & Consent**

**4. Financial Aid Form**

- If you are applying for financial aid you must fill out the financial aid form and send it in with the other forms. If you can't pay the full deposit amount, then please note that on your financial aid form.

*\* You must turn in all forms and a deposit in order for a student to be registered for the trip*

MEDICAL AND LIABILITY RELEASE – FPC YOUTH MINISTRY

May 2012 – December 2012

First Presbyterian Church of Houston, 5300 Main Street, Houston, TX 77004-6811

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  M  F

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Wk: \_\_\_\_\_ email: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Wk: \_\_\_\_\_ email: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Wk: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Allergic Reactions:  insect stings  drugs  other \_\_\_\_\_

If you have checked any of the above, please give details (i.e., include normal treatment of allergic reactions).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications: Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Times: \_\_\_\_\_

If there is any special circumstance that the youth staff should know, please explain and speak directly to the youth director heading the trip. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** Please notify the Youth Office (713-620-6421) if your student is exposed to any communicable diseases during the three weeks prior to the trip.

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your youth is on a church-related activity.

Do you have health insurance?  yes  no

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

Insurance Company Phone # \_\_\_\_\_



# 2012 BIGSTUF CAMPS/CONFERENCE PERMISSION, RELEASE, AND CONSENT

DATE OF EVENT: July 22 - 30, 2012

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CHURCH NAME: First Presbyterian, Houston

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YOUTH PASTOR/GROUP LEADER: Denver McCollister

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STUDENT/LEADER'S NAME:

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ADDRESS:

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HOME PHONE:

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DATE OF BIRTH:

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GRADE AS OF FALL 2012 (if student):

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I hereby give my permission for myself and/or my child to participate in activities (collectively referred to hereinafter as "Camp") organized by Youth Ministry Resources, Inc. and its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, and licensees (collectively referred to hereinafter as "BigStuf Camps"). I understand and agree that representatives from my home church, not BigStuf Camps, shall be responsible for the care of my child from the time he/she leaves my care, for the duration of camp or the conference, and until he/she returns to my care, including but not limited to travel and lodging arrangements and all other matters pertaining to the direct supervision, care, and safety of my child. I hereby release, hold harmless, and absolve BigStuf Camps, its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the camps and conference, individually and collectively, from and against any and all responsibility, all claims, and all liability for any illness, injury, damage, misadventure, harm, loss, or inconvenience of any kind suffered or sustained as a result of or in any way relating to participation in the camps or conference. I understand that in the event I or my child requires medical treatment while participating in the camps or conference, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the BigStuf staff or any person acting on behalf of BigStuf with respect to the camps and conference, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my and/or my child's medical allergies and medications currently prescribed or being taken, medical problems, and other pertinent information (attach additional sheets, if necessary).

I hereby further authorize and agree to BigStuf Camps to record and photograph (on film, tape, digital, electronic, or otherwise) me and/or my child and to record his or her voice during his or her participation in the Camp. I hereby further authorize and agree to BigStuf Camps' unrestricted use, reuse, and distribution of said images and recordings, in whole or in part, whether in the original or modified form in any manner of media, including but without limitation to for purposes of advertising, promoting, and publicizing camps and the conference, BigStuf Camps whether during the camps or conference or at any time thereafter, in the sole and absolute discretion of BigStuf Camps, both in the United States and internationally. I expressly and irrevocably waive any and all

rights I might otherwise have now or in the future to any related privacy or intellectual property rights, proceeds, benefits, or similar claims of any kind.

I hereby release and discharge BigStuf Camps (as defined herein above), its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation, and/or implementation of the camps and conference, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way relating to the use and exercise of the rights granted in this release and consent.

**ALL ALLERGIES OR MEDICAL PROBLEMS, IF APPLICABLE:**

\_\_\_\_\_  
**NAME OF INSURANCE COMPANY:**

\_\_\_\_\_  
**GROUP NAME:**

\_\_\_\_\_  
**NAME OF INSURER:**

\_\_\_\_\_  
**POLICY NUMBER:**

\_\_\_\_\_  
**GROUP/SUBSCRIBER NUMBER:**

\_\_\_\_\_  
**DATE EFFECTIVE:**

\_\_\_\_\_  
**INSURANCE CO. CLAIM ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
**EMERGENCY CONTACT PERSON:**

\_\_\_\_\_  
**EMERGENCY DAY AND EVENING NUMBER(S):**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN:**

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPATING STUDENT:**

\_\_\_\_\_  
**DATE:**

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (signature, date, and stamp required)



# Youth Ministry Financial Aid Application

Annually the FPC Youth staff plan mission and adventure trips, and donations have made funds available for those needing financial assistance to attend. Our standard policy allows a student to request financial aid during a calendar year for the following:

**One trip at up to 50% of the cost OR Two trips at up to 25% of the cost**

We require students who are awarded financial aid to write a one page description of their trip experience. This letter is due within two weeks of the return of the trip. We hope this will assist the student in articulating the Lord's movement in their life and also encourage the supporters who made financial donations.

Name of Youth \_\_\_\_\_

Age \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Briefly state your reason for financial aid \_\_\_\_\_  
\_\_\_\_\_

My financial need is \_\_\_\_\_ (up to 25% of the trip; up to two trips per year)

My financial need is \_\_\_\_\_ (up to 50% of the trip; only this trip this year)

I have an extenuating circumstance that requires more than a 50% scholarship.

If this applies to you, please attach a letter explaining your circumstance. Your request will be taken into consideration confidentially by the First Presbyterian Church Youth Committee. Decisions will be made case-by-case and based on available funds.

Name of Parent \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_