



**July 6th — July 8th**

**Grades 2nd-6th**

**Sign up on line today at [www.shoreline.net/children](http://www.shoreline.net/children)**

### **Camp Checklist:**

- **Sack Lunch** - for Tuesday, July 6th bus ride to camp
- **Bedding** – pillow, sleeping bag or 2 single sheets and blanket
- **2 - 4 Towels**
- **Swim Wear** (Girls — modest one piece swimsuit, no midriff)
- **Sneakers** (Comfortable)
- **Comfortable Clothes** – 3 sets of shorts and t-shirts (Nothing revealing, spaghetti straps or strapless tops. Clothes will get dirty.)
- **Pajamas**
- **Spending money** - for concessions or store purchase and tithing (Approx. \$15-\$20)
- **Toiletries** – Sun block, bug spray, toothpaste, tooth brush, shampoo/conditioner, soap, personal toiletries
- **Other:** Bible, notebook, pencil or pen. Optional: Disposable camera, water bottle

### DO NOT BRING:

- Cell phones, iPod, CD player or MP3 Players of any sort, Pagers, Radios, TV's, Electronic games, prank materials of any sort
- Expensive jewelry, clothing or cameras
- Matches, lighters, or fireworks
- Spray paint, water guns, silly string, water balloons, etc...
- Alcohol, drugs, Illegal substances, tobacco products, Weapons

Any of the above items will be confiscated and returned after camp, NO exceptions.

Parents please help us by ensuring that your student does not have any of the above items in their luggage.



# Activity Release Form

Shoreline Church Children's Ministry

**For All Parents, Camp Counselors, All Guardians and those 18 years of age or older:**

I consent for any of my children listed below to participate in any activity or trip sponsored by **Shoreline Church** or its Affiliates, (collectively, "Church").

In case of medical need or injury, I authorize the Church to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, or in my capacities as parent, guardian, or next friend of my children, (PLEASE PRINT) \_\_\_\_\_, waive, release, and indemnify the Church all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liabilities, in law or in equity, that have arisen or may arise from any Church activity or trip and that involve any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

I understand that the Church may take photographs of me and my family in the course of its activities, and I grant the Church permission to publish such photographs in a manner the Church deems appropriate.

This **Activity Release Form** is in effect for events or activities that I, or any of my children, may participate in. This form is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Church.

\_\_\_\_\_  
Date                      Adult Signature                      Date                      Adult Signature

Print Names of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_

\_\_\_\_\_ Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.): \_\_\_\_\_

**For All Campers:**

I waive, release, and indemnify the Released Parties as identified above from all demands, claims, or liability that have arisen or may arise from any Church activity or trip and that involve any damage, loss, or injury to me, my property, or my children's property.

\_\_\_\_\_  
Date                      Minor's Signature                      Date                      Minor's Signature

\_\_\_\_\_  
Date                      Minor's Signature                      Date                      Minor's Signature

**CAMP TEJAS**  
**GUEST MEDICAL AND RELEASE FORM - SUMMER CAMP**

**NAME(S) AND CONTACT INFORMATION**

MAIN GUEST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

All Other FAMILY MEMBERS attending the SAME CAMP SESSION with the MAIN GUEST:

OTHER GUEST NAME: \_\_\_\_\_ Relation to Main Guest: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

OTHER GUEST NAME: \_\_\_\_\_ Relation to Main Guest: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

OTHER GUEST NAME: \_\_\_\_\_ Relation to Main Guest: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

OTHER GUEST NAME: \_\_\_\_\_ Relation to Main Guest: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

OTHER GUEST NAME: \_\_\_\_\_ Relation to Main Guest: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

OTHER GUEST NAME: \_\_\_\_\_ Relation to Main Guest: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F: \_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

STREET

CITY ZIP CODE

Please notify in case of emergency:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL ATTENTION**

I, my child and/or my family (herein known as the "Guest") will be attending a retreat at Camp Tejas on the dates of **July 6-8, 2010** under the supervision of **Shoreline Church** (herein known as the "Sponsoring Organization"). I hereby authorize Camp Tejas and/or the Sponsoring Organization to make arrangements for or give any medical attention to the Guest, emergency or otherwise, that is deemed necessary under the circumstances by the sole discretion of Camp Tejas and/or the Sponsoring Organization. I hereby give permission to the physician selected by Camp Tejas and/or the Sponsoring Organization to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

DATE

**RECREATIONAL ACTIVITIES**

The proposed activities provided by Camp Tejas and/or the Sponsoring Organization (herein known as the "Recreational Activities") require participation in physical exercises which are physically demanding. Many of the activities will challenge the Guest and cause surges in blood pressure and pulse rates. **It is imperative that the Guest is free of any diseases or injuries, heart related or otherwise, which might create undue risks to themselves and/or to any other participants.** The Recreational Activities provided by Camp Tejas and/or the Sponsoring Organization may include, but are not limited to, the following list; indoor and outdoor games, boating, fishing, swimming, lake trapeze swing, lake zip line, challenge course activities, and climbing wall activities. The climbing wall activities include climbing a 50' climbing surface and zipping off a 50' climbing tower. All Guests participating in the Recreational Activities may be exposed to the elements of nature, including temperature extremes and inclement weather.

**CURRENT MEDICAL CONDITION**

I certify that the Guest is in good health, physically and mentally, to the best of my knowledge and from past health examinations for the participation in the Recreational Activities.

List any medical concerns including allergies:

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

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

DATE

**ASSUMPTION OF RISK AND RELEASE**

I hereby acknowledge that during the Guest's **voluntary participation in the Recreational Activities**, that certain risks and dangers may occur due to accidents, which include, but are not limited to, the hazards of depending on other people, being at various heights (ground to 50'), activities in remote places without medical facilities, the forces of nature, loss or damage to personal property, physical and/or mental injury, not excluding fatality. I hereby assume all mentioned risks and those which are not specifically foreseeable, and **will hold Camp Tejas, including its staff and Board of Directors, and the Sponsoring Organization harmless from any and all liability**, claims and demands of every kind whatsoever, whether for bodily injury, property damage or otherwise, which may arise from or in connection with the Guest's participation in any activities arranged by Camp Tejas or the Sponsoring Organization.

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

DATE