

BMPC Camp Grier Adventure Day

Saturday April 29th 2017

When to sign up by? Monday, 4/17/17 by 3pm

Cost? \$15 (goes up to \$20 if received after 3pm on 4/17)

Please complete and return the attached registration and medical form

To whom shall they give the \$ and medical form to? Berry French

Where & When to meet?

At BMPC at 10am sharp on Saturday morning

What to bring?

1. your own bagged lunch
2. Water bottle
3. Long pants for horse back riding
4. If you have a mountain bike, you're welcome to bring it, but they will have bikes there.
5. Make sure you wear shoes and clothes to walk/run/play in

What not to bring?

Any electronics: i-pads, gaming systems, anything with earbuds. Extremely limited use of cell phones will be allowed. You'll be fine w/o your phone.

Where & to pick up?

At the Black Mtn Presbyterian Church parking lot around 7:30pm on Sunday.

What are the activities planned?

Big group games, picnic lunch, optional adventure activities like **mountain biking, horseback riding, pump track, climbing wall, canoeing ...** , dinner, closing worship.

Adult Advisors:

at least: Berry, and one additional MS and HS youth advisor.

Emergency number for parents:

Berry's cell: 910-733-5429 Beth's cell: 828-329-9209

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Registration and Medical Release**

Name _____

Phone _____

School and Grade _____

Parents Names _____

Phone where parent can be reached during retreat _____

email _____

Health Information

Current Medications _____

allergies _____

Special food notes _____

Other medical/personal notes advisors should know about your youth _____

Name of Insured _____

Medical Insurance Co. _____ Policy ID number _____

Group Number _____ Physician name and number _____

In the event that a parent cannot be reached, please contact the following in case of an emergency:

Name: _____ cell phone #: _____

We/I do hereby acknowledge that our son/daughter, has permission to attend the BMPC Camp Grier Adventure Day Saturday, April 29th, 2017. I do hereby release Black Mountain Presbyterian Church and the accompanying adult advisors from any legal liability or financial responsibility which may arise during the course of the function. I hereby authorize emergency treatment as deemed necessary in the event I cannot be contacted immediately.

Signature of parent/guardian _____ date _____

RETURN THIS FORM AND \$15 TO CHURCH OFFICE by April 17th at 3pm to complete registration.