

**ELK PLAIN COMMUNITY CHURCH YOUTH GROUP ACTIVITY
Permission Form (Return to EPCC)**

ACTIVITY: Youth Group Winter Retreat at Byther's Resort near Stevens Pass: 12-15 January, 2018		ACTIVITY COORDINATOR: Pat and Mary Schibly – (253) 380-5026 EPCC – 847-2508	
ACTIVITY DESCRIPTION: Annual Youth Group Winter Retreat @ Byther's Cabin. COST: \$50 (option Night skiing at Stevens Pass...additional \$45 + rental costs)			
ITINERARY	DATE	PLACE	TIME
DEPARTURE INFORMATION:	Friday, 12 January	Elk Plain Community Church Annex	Meet @ 5:00 PM...Depart by 7:00 PM
RETURN INFORMATION:	Monday, 15 January	Elk Plain Community Church Annex	approx. 2:30 PM (will call on return)
WHAT TO BRING: * = required item			
*Outdoor Gear/Snow Gear (<i>warm clothes</i> , waterproof if possible)	*Towels/wash cloth/etc. *FLASHLIGHT	*Bible, notebook, pen	
*Toiletries/etc.	Winter/Hiking boots	*Sleeping bag/pillow/extra blanket	
*Lunch/Snacks/Money for snacks, Burger King...etc	Winter recreational equipment: Sleds, X-C skis...	Swim Suit/Plastic Bag (for wet clothes) *1 gallon - drinking water	

PARENTAL CONSENT/MEDICAL RELEASE STATEMENT

I (we) have carefully considered the nature and risks of this activity and give my (our) consent as parent(s)/guardian(s) of the individual named below and hereby authorize their full participation in this event/activity. Any exceptions to full participation are noted in the appropriate section below.

I (we) understand and agree that although a reasonable effort will be made to identify and limit risks involved in this activity, Elk Plain Community Church (E.P.C.C.) and the staff/sponsors of this event will not be held liable for any resulting injuries.

I (we) also understand that in the unlikely event that medical treatment is required; every effort will be made to contact me (us). However, if I (we) cannot be reached, I (we) give permission to the staff and/or sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. The undersigned assumes the responsibility for all costs connected with such treatment and hereby release E.P.C.C, and the staff/sponsors from any liability.

I (we) also agree that in the case of intentional property damage or physical assault of any kind, the participant will be required to leave immediately. Transportation arrangements will be the responsibility of the participant involved and/or their parents and will in no way be the responsibility of the staff, sponsors, or E.P.C.C.

<small>NAME OF INDIVIDUAL ATTENDING THIS EVENT</small>	
<small>SIGNATURE OF PARENT OR GUARDIAN</small>	<small>DATE SIGNED:</small>
<small>PLEASE LIST ANY EXCEPTIONS TO FULL PARTICIPATION IN THIS ACTIVITY AND/OR ANY MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS OR OTHER PERTINENT INFORMATION THAT YOU FEEL THE STAFF MAY NEED TO KNOW. USE BACK SIDE IF ADDITIONAL SPACE IS NEEDED.</small>	
<small>HEALTH INSURANCE CARRIER</small>	
<small>HEALTH INSURANCE ACCOUNT NUMBER</small>	
<small>EMERGENCY TELEPHONE NUMBER</small>	<small>TELEPHONE NUMBER OF HEALTH INSURANCE CARRIER</small>

As a participant in this event, I understand my responsibilities in regard to my conduct while guests of the Byther's. I agree to abide by the rules set forth by the staff and sponsors of this trip and indicate by my signature that I understand and agree to these terms. I also understand that I will be responsible for arranging transportation home in a way acceptable to my parents and the staff/sponsors if I do not abide by the rules established for this event.

<small>SIGNATURE OF PARTICIPANT</small>	<small>DATE SIGNED:</small>
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ELK PLAIN COMMUNITY CHURCH YOUTH GROUP ACTIVITY
Parental Informational Letter (for home)

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 12-15 January, 2018

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 Pat and Mary Schibly – (253) 380-5026
 EPCC – 847-2508

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EMERGENCY CONTACTS

CONTACT	TITLE	PRIMARY	SECONDARY
Pat/Mary Schibly	Youth Leaders	(253) 380-5026	(253) 820-8156
Ralph/Anne Byther	Retreat Hosts	(509) 763-2038	
Heath Lynn	Pastor	(253) 370-0406	

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