



FIRST PRESBYTERIAN CHURCH

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Dr. Jonathan T. Scanlon, Pastor

January 23, 2018

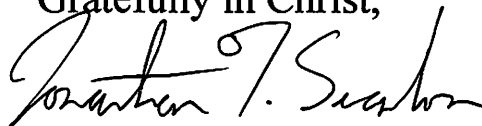
Dear Kiskimintas Presbytery Youth Parents,

The Presbytery Mission Team is partnering with Krislund Camp and Conference Center in Madisonburgh, PA, to provide a week-long mission trip for our youth, **June 24-29**. Our youth participants will spend the five days, from 9 am to 5 pm, volunteering with mission projects all located within a 30-mile radius of Krislund. These projects may include landscaping, painting, home repairs, and light construction. Krislund will provide materials, tools, and supervision for each project and the projects will be assigned based on the skill levels of our group.

We need to know how many youth will attend by the end of February. Camp Krislund requires one adult chaperone for every five youth, and our ratio may be smaller than this requirement. Once we have a count of those participating, a meeting for parents will be planned with details as to when we will leave and what each person is to bring for the week.

For now, please fill out the enclosed forms and return them with a \$100 save-my-spot deposit for the week of mission. Churches are encouraged to fundraise for the additional expense. We hope your congregation will be both creative and generous in how you choose to support such a life-changing experience for our young people of faith. Send the attached forms and a check for \$100 to: Kiskimintas Presbytery **P.O. Box 339 71 West Main Street Yatesboro, PA 16263**

Gratefully in Christ,


Jonathan Scanlon



**Mission Outreach of Central PA Registration for
Kiski Youth Mission Trip
June 24-30, 2018**

Name(s): _____ Age(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Emergency Phone Number: _____

What church and / or school do you and your children attend: _____

What is your (child's) medical insurance name and policy number: _____

Group number: _____ Family Doctor's name: _____

Please list any special skills you may have (i.e., plumbing, carpentry, landscaping, etc.):

Please list any special needs and allergies you may have, including dietary needs:

Cost: \$100 "hold my spot" fee due by February 28, 2018.

Fundraising activities will be offered to assist with additional costs.

Send this registration form and check made payable to "Presbytery of Kiskiminetas" to:

Kiskiminetas Presbytery P.O. Box 339 71 West Main Street Yatesboro, PA 16263

I give permission for my son/daughter to attend the youth mission trip. In the event of injury, I release the Presbytery of Kiskiminetas and its leadership from any claim. I give permission for my son/daughter to ride in any vehicle designated by the adult in charge. I give permission for the person in charge to seek medical services for my child, if needed.

Parent Signature _____ Date _____

Krislund Camp & Conference Center

ACTIVITY PARTICIPATION AGREEMENT AND MEDICAL INFORMATION FORM

Organization: Kiskiminetas Presbytery Youth Trip_ Program Dates: June 24-29, 2018

Activity Participation Agreement: Krislund Camp and Conference Center, together with its agents, employees, volunteers, and any other representatives (collectively referred to hereinafter as "Krislund Camp") provides comfortable and rustic facilities in a wilderness environment.

Weather, animals, and other challenges associated with the outdoors are part of our programming. Participation in any of Krislund Camp's adventure activities (such as team building initiatives, climbing wall, zip line, or high ropes, hereinafter referred to as Activities) involves additional challenges and responsibilities. The level of participating in an Activity is at all times completely up to the Participant's choice. There are differing levels of risks in these Activities, which must be assumed by each Participant. A Participant may suffer an emotional or physical injury or disability, or death. In consideration for the opportunity to participate in one or more of these Activities, the Participant (or parent/guardian if Participant is a minor) acknowledges, accepts, and voluntarily assumes all the risks of injury associated with and attendant to participation in and transportation to and from the Activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activities or during transportation to and from the Activities, as well as for any medical treatment rendered to the Participant that is authorized by Krislund Camp. Except in the case of negligence of Krislund Camp, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Krislund Camp, for any injury arising directly or indirectly out of the Activities or transportation to and from the Activities. Krislund Camp's policy for participation in all Activities requires that the Participant's health and accident insurance provide the Participant's primary coverage. Krislund Camp reserves the right to refuse services to those persons not covered by health and accident insurance and/or to those who present an unreasonable risk to themselves or others when engaging in Activities. Krislund Camp advises that appropriate health and medical information be made known to the sponsoring group's leader(s). For those participating in adventure Activities, appropriate health and medical information MUST be communicated to the adventure facilitator(s) conducting the Activity prior to the start of Activities or at time of arrival. This information is used exclusively to help with preparations, to respond appropriately if the need arises, and is not made available for other purposes. Please complete fully the form below and on the back of this page. Return the completed form as directed by your group leader(s). Thank you. -----

PARTICIPANT

INFORMATION Name: _____
Age: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Health/Accident Insurance Co.: _____
Name on Policy: _____ Policy #: _____

Participant's Medical Information 1. Do you have any limiting physical disabilities, handicaps, or chronic joint conditions (temporary or permanent)? Do you have a history of back injury(ies), pain, or chronic back problems? If yes, please explain: _____

___ 2. Are you currently taking any medication(s)? If so, list each medication, dosage, and for what condition it is prescribed. The participant must bring adequate amount of medication in a waterproof, non-breakable container(s). List of medications: _____

___ 3. Have you had or do you now have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, hypertension, elevated cholesterol or triglycerides, history of chest pain with exertion, cardiac condition(s), or any type of arthritis? If yes, please explain: _____

___ 4. Are you allergic to any medications (e.g. penicillin, aspirin, sulfa drugs), latex products, foods (e.g. milk, seafood, peanuts), insect bites (e.g. bees, wasps, spiders), or other environmental substances (e.g. dust, ragweed, poison ivy)? If so, please explain (giving details and dates of last reactions and treatment given): _____

___ 5. Do you have any special dietary restrictions (e.g. no meat)? If so, please give details: _____

I have read the enclosed information and understand the physical and stressful nature of the Krislund Camp's Adventure Activities. I have registered any medical or physical conditions that might affect my ability to participate in any Activity or safely receive medical attention in the event of an emergency. As a Participant, I will at all times wear any required equipment, and follow the directions of the facilitators and instructors. I understand that the Activities in which I am participating are high-risk activities and I have received complete disclosure of all risks of injuries connected with the Activities in which I will participate. Having such full disclosure, I do voluntarily assume the risks involved with and attendant to all the Activities in which I will participate and I do so with the intent to be legally bound by my assumption of these risks. Permission is granted by those signed below for any emergency medical care, anesthesia, and/or surgical procedures which might become necessary. Participant's

Signature: _____ Date: _____

*Parent/Guardian's Signature: _____ Date: _____

*Required if participant is under 18 years of age. Revised: August 2011