



**UNDERGROUND**  
JUNIOR HIGH MINISTRY



**MOVE 2012**

**TAKING YOUR LIFE OUT OF NEUTRAL**  
**HEBREWS 12:1-2**

**QUESTIONS?**

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**Bridges Community Church**  
505 Driscoll Road, Fremont, CA 94539  
Telephone: (510) 651-2030

# MOVE: 2012

## TAKING YOUR LIFE OUT OF NEUTRAL

Winter camp is going to be a blast. We'll have an awesome weekend packed with snowball fights, sledding, hot chocolate, games and great worship music. **Pastor RON KING** will be our speaker for the weekend. We'll unpack Hebrews 12:1-2 and figure out why and how we can kick our lives out of neutral.

**WHERE:** Camp Chinquapin, Pinecrest, CA

**WHEN:** Feb. 3-5, 2012

Depart BCC Friday at 3:30 p.m.

Return Sunday at 6:30 p.m.

### SCHEDULE:

Friday - Travel, worship & hanging out

Saturday - Sledding, games, tournaments, praise time

Sunday - Lots more snow fun

### WHAT TO BRING:

- **ONE** bag for all your stuff
- Warm sleeping bag, pillow
- Stuffed animal (if you need one)
- Clothes: Normal clothing AND clothes for snow play
- Toiletries (toothbrush, towel, deodorant, shampoo, hair grease, and anything else for your personal hygiene)
- Flashlight
- Bible and pen
- Money for snacks
- Snacks for the bus ride

**All prescription medications MUST be checked in on the day of departure.**



**COST : \$150** If you sign up by Dec. 15; \$165 after that. The cost includes meals, transportation and program activities. **Registration closes on Jan. 27, 2012.**

### TO REGISTER:

Turn in your completed Medical and Liability Release and a deposit of \$50. Note that all camp fees are due no later than Jan. 26. Please make checks payable to **Bridges Community Church**

### SCHOLARSHIPS:

We understand the cost of camp can be financially difficult for some. Financial assistance is available if you let us know **early**. If you need assistance, please fill out Financial Aid request and include it with your registration form and a check for \$50. You will be notified if your scholarship is approved.



# BRIDGES COMMUNITY CHURCH MEDICAL AND LIABILITY RELEASE FORM

Please PRINT Clearly

**Event: UNDERGROUND Snow Trip 2012** **Dates: Feb. 3-5, 2012**

**PERSONAL INFORMATION** Home Tel: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M [ ] F [ ]

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_  
*(List phone #'s where you can be reached during the trip dates)*

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Insured ID #: \_\_\_\_\_

**MEDICAL HISTORY**

**Allergies:**

Drugs (list below): \_\_\_\_\_ Hay Fever: \_\_\_\_\_ Hives/Rash: \_\_\_\_\_ Insect Stings: \_\_\_\_\_

Foods: \_\_\_\_\_ Special Dietary Needs/Restrictions: \_\_\_\_\_ Vegetarian: \_\_\_\_\_

*If any of these allergies are checked, please give details (i.e. include normal treatment of allergic reactions, types of reactions, foods allergic to, etc.*

Have you been a patient in the hospital during the past 2 years? Yes [ ] No [ ]

Have you been under the care of a medical doctor during the past 2 years? Yes [ ] No [ ]

Have you had surgery? If yes, please list date & type \_\_\_\_\_ Yes [ ] No [ ]

Have you taken any medicine or drugs during the past 2 years? \_\_\_\_\_ Yes [ ] No [ ]

What medicines do you take now? List name & dosage \_\_\_\_\_

Date of last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE any of the checked conditions below and any other serious illness not listed (use Pg. 2 if nec)

CONDITION	Y	N	CONDITION	Y	N	CONDITION	Y	N	CONDITION	Y	N
Heart Trouble/Disease			Bruise Easily			Emphysema			Yellow Jaundice		
Heart Murmur			Anemia			Tuberculosis			Kidney Problems		
Irregular Heartbeat			Excessive Bleeding			Cancer			Renal Dialysis		
Angina/Chest Pain			Sickle Cell Disease			Radiation (X-ray/Treatments)menis)			Thyroid Disease		
Heart Attack/Failure			Hemophilia (Bleeding Problem)			Chemotherapy			Parathyroid Disease		
Congenital Heart Disorder			Recent Blood Transfusion			Stomach/Intestinal Disease			Arthritis/Gout		
Mitral Valve Prolapse			Leukemia			Ulcers			Rheumatism		
Scarlet Fever			Swelling of Limbs			Recent Wt. Loss			Cortisone Medicine		
Rheumatic Fever			Lung Disease			Frequent Diarrhea			Artificial Joints		
Artificial Heart Fever			Breathing Problems			Diabetes			Excessive Whinning		
Heart Pacemaker			Shortness of Breath			Excessive Thirst			AIDS		
Heart Surgery			Frequent Cough			Hypoglycemia			HIV Positive		
High Blood Pressure			Hay Fever			Liver Disease			Drug Addiction		
Low Blood Pressure			Sinus Trouble			Hepatitis A (infectious)			Cold Sores		
Blood Disease			Asthma			Hepatitis B or C			Fever Blisters		
									Frequent Colds		
									Glaucoma		
									Stroke		
									Convulsions		
									Epilepsy/Seizures		
									Fainting/Dizziness		
									Tumors/Growths		
									Psychiatric Care		
									Anxiety		
									On Special Diet		
									Wear contacts		
									Hearing problems		
									Do you smoke?		
									Do you use smokeless tobacco products?		

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## OTHER PERTINENT MEDICAL INFORMATION

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please send us the information necessary to ensure proper medical service if necessary: \_\_\_\_\_

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

List any other medical information or special needs we should be aware of: \_\_\_\_\_

## RESTRICTIONS

Swimming Restrictions: Yes [  ] No [  ] Activity Restrictions: Yes [  ] No [  ] Other restrictions (*please specify*): \_\_\_\_\_

## LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes BRIDGES COMMUNITY CHURCH, Fremont, California ("BRIDGES"), acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect until revoked in writing by participant or participant's parent or guardian, as the case may be. BRIDGES and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/guardian(s), if applicable) will reimburse BRIDGES for the reasonable cost of transporting participant from the event location to Bridges' Fremont campus. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes BRIDGES and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless BRIDGES and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges BRIDGES and such persons from any liability or claim against BRIDGES or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. BRIDGES does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.

Participant Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Parent (with custody of Participant) or Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

PARENT OR GUARDIAN SIGNATURE (*if Participant is under 18 years of age*)