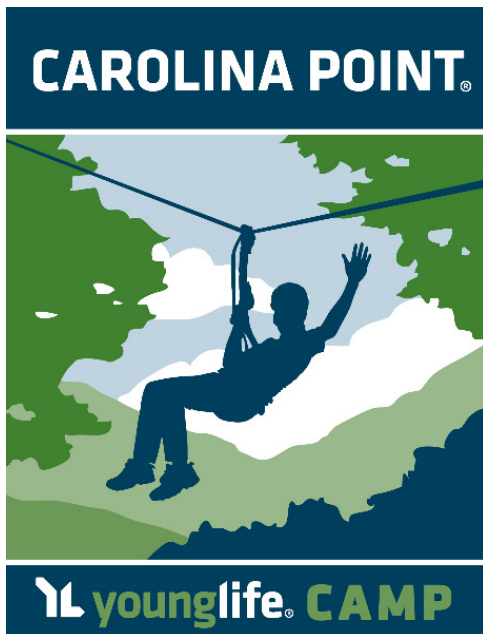


Young Life Greenville Winter Weekend

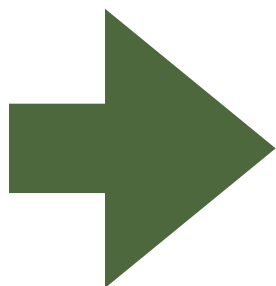
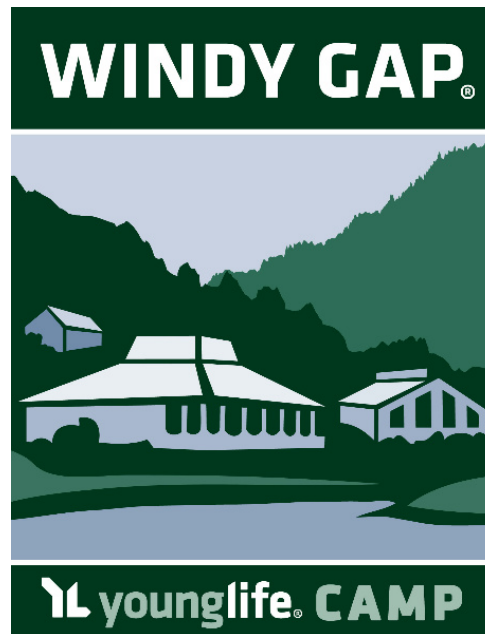
\$20 Sign-up
Jan 25-27



TOP SECRET

TOP SECRET

TOP SECRET



DATE: Jan 25-27

TOTAL COST: \$184

LOCATION: TOP SECRET

EXPERIENCE THE BEST WEEKEND OF YOUR YEAR

Weekend includes but not limited to:

- YL Swag: Camp T-shirt
- 4 Mind Blowing Clubs
- Unlimited Frisbee Golf
- Polar Plunge
- All meals at camp
- Transportation
- Belly Laughs
- Big Cookie

Reserve your seat by:

- \$20 Sign-up
- Completing Info on the back
- Checks Payable to: YOUNG LIFE
- Turn in this form to your leader or mail to: 2320 E North St. Suite NN Greenville, SC 29607
- Questions? Call: 864-271-4396
Email: office@greenvillesc.younglife.org

Where will your school go? ...Hard to say! No seriously it's top secret.



Greenville, SC

A Note to Parents:

On behalf of Young Life Greenville, we recognize the risk and concern associated with allowing your child to sign up for camp AND not actually know where they are going! This might sound crazy...but this year our area has decided to keep the location of winter weekend for each school a surprise. Kids will load the buses and either go to Carolina Point (Brevard, NC) or Windy Gap (Weaverville, NC): both are premier Young Life camps. In a world where surprises no longer exist, it is our hope to surprise kids with a great adventure! There is a plan in place to relay the necessary information to you later...we promise. If you have any questions or other concerns, please do not hesitate to contact us. Thank you for trusting us and being on our team with this.

Gratefully,

Young Life Greenville

PLEASE COMPLETE THE INFORMATION BELOW

Name _____ Gender _____
School _____ Grade _____ T shirt Size _____
Parents or Guardians _____ Parent email _____
Address _____
City _____ Zip _____ Parent Phone (h) _____ (cell) _____
I need the late bus! _____ (Players and Cheerleaders only)

Parental Consent for Medical Treatment

In the event the your child becomes ill or injured while attending Young Life's Carolina Point or Windy Gap winter weekend, we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature verifies your child is in good health and capable of participating in strenuous activities. Your signature will also acknowledge your acceptance and understanding of Young Life's role in the medical treatment of your child. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life. I hereby give permission to the medical personnel selected by Young Life to order x-rays, routine tests, treatment; maintain and/or releases any medical records necessary for insurance purposes as outlined under the hipaa regulations. *I absolve Young Life from liability in acting on my behalf in this regard. * Young Life is compliant with Health Insurance Portability and Accountability Act (or HIPAA) To obtain a copy of Young Life's Notice of Privacy Practice, log onto www.younglife.org or call 719-381-1950. I hereby grant Young Life the right to use, reproduce, distribute photographs, films, video tapes and sound recording of my child without compensation or approval rights.

*Parent's Signature _____
Emer. Contact Name _____ Emer. Contact Phone _____
Parent's Insurance Co _____ Insurance Policy Number _____
Insurance Address _____ Any allergies or other medical needs _____

