



Nassau Presbyterian Church

61 Nassau Street, Princeton, NJ 08542 ♦ 609-924-0103

Winter Weekend!

Friday, December 1 (4:00PM) to Sunday, December 3 (4:00PM)
Leave & Return: Princeton Shopping Center – Rite-Aid Parking Lot

Nassau's Senior High Youth Fellowship is invited to join Young Life Princeton on a Winter Weekend adventure at Lake Champion.

Register by 11/5/17: \$125.00
Late Registration Fee: +\$15.00
Scholarships available, contact Mark Edwards

Return Fee and one copy of the
Permission Form to the church office by:
Sunday, November 5
Registration questions, contact Lauren Yeh (x106)



ACTIVITIES

Two 800' Zip Lines

High Ropes Course

*70' Three Person
"Screamer" Swing*

Climbing Wall

*New Game Room with:
Billiards
Ping Pong
Air Hockey
Shuffleboard
Foosball*

*Full Snack Bar with:
Ice Cream Bar
Coffee Bar*

Heated Indoor Gym

Lake Champion is a premier 370-acre year round retreat center located in the foothills of the Catskill Mountains. The facilities are nestled among towering pines, peaceful streams, and overlook a spectacular 50-acre lake. Visit their website at www.lakechampion.younglife.org.



Lake Champion Winter Weekend

December 1-3, 2017

Friday @ 3:30: Meet at Rite-Aid Parking Lot, Princeton Shopping Center

Friday @ 4pm: Buses leave!

ATTENTION: Your Completed Health Form is Your Ticket onto the Bus.

- **COMPLETED HEALTH FORM** - turned in to Nassau Presbyterian Church by Nov. 5
Late Registrations must be cleared by Church Staff, contact Lauren Yeh (609-924-0103 x106) for more detailed instructions.

Packing List:

- **Multiple Layers of Warm Clothes**
- Winter Jacket, Wind Pants, Snow Pants
- Hats, Scarves, Gloves
- Clothes that can get Messy
- Swimsuit
- Snow Boots / Hiking Boots / Extra Shoes + Warm Socks
- **More warm clothes.**
- Lodges are heated and very comfortable. There are plenty of places to warm up, but we will probably be spending good amounts of time outside.
- \$\$ for dinner Friday night & lunch on Sunday (both en route).
A few more \$\$ for hot chocolates, sweatshirts, or etc.
- **ALL BEDDING IS PROVIDED BY LAKE CHAMPION. NO SLEEPING BAGS NECESSARY.**

ATTENTION: This Completed Form is Your Ticket onto the Bus.

For area use only: Area # _____



CONSENT/ RELEASE FOR YOUNG LIFE ACTIVITY
for members of Nassau Presbyterian Church's Youth Fellowship.

I or my child will be participating in a Young Life activity: Winter Weekend at Lake Champion, Dec 1-3, 2017

Enter description and date of activity here

NOTE TO PARTICIPANT/PARENTS-GUARDIANS: The Senior High Youth Fellowship of Nassau Presbyterian Church has been invited to participate in a Young Life event. Young Life wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant _____ Birth date _____ Age _____ Sex _____
Last, First, Middle

Home Contact Info _____
Parents/Guardian/Spouse Name, Number

Home Contact Address _____

Emergency Backup Contact Info (Different from above) _____
Name, Number

Any allergies or other medical needs? _____

Limits to activities _____

Name of Physician _____ Physician Phone _____

Medical Insurance Company _____ Policy Number _____

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life or Nassau Presbyterian Church (hereafter "NPC" liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Young Life or NPC, its agents and employees, and will indemnify and hold Young Life or NPC harmless from any liability for damages or claims against Young Life or NPC arising out of or in any way related to any such loss, damage or injury.

I release Young Life and NPC, including their trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I/We hereby give permission to the medical personnel selected by Young Life or NPC to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950.

I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me (or my child) while attending a Young Life activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. Young Life provides SECONDARY insurance for accidents in the amount of \$20,000 medical, \$4,000 dental. Claims less than \$250 are covered in full by Young Life.

I hereby grant Young Life or NPC permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of Young Life, including the Internet. I understand that name and personal information of my child will not be published.

Signature _____ Date _____