

RCC Student Ministries

DEEP FREEZE

@ Camp Berea

February 12-14, 2010

I'm so excited that you are interested in attending DEEP FREEZE this year with us! We have had an excellent time the last couple years, and I know this year will not be any different.

If you have not picked up or printed off a brochure, please do so either at the RCC Info Center or from the RCC Students website (www.rccstudents.com).

In this document, you will find all the other forms you will need to print off and fill out before coming to DEEP FREEZE.

All about Him,
-Steve Cullum-
RCC Student Minister

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Deep Freeze 2010

Illuminate

Friday

7:30 - 9:30 pm Registration – Gym & Lodge open
8:00 – 9:00 Night Tubing
9:30 Prime Time - Session # 1
11:00 pm Back to Igloos/Hibernation (lights out)

Saturday

7:30 Leaders' Meeting - Lodge
8:00 Breakfast
9:30 Prime Time - Session # 2
11:00 **Face Off - Gym**
12:00 pm Lunch A
12:30 Lunch B
1-6:00 **Freeze Time**
(See Posted Grid around Camp)
2:00-3:30 Snack Bar - Dining Hall
5:15 Dinner A
6:00 Dinner B
7:00 **Ultimate Dodge Off - Gym**
7:45 Ice Cream Sundaes - Dining Hall
8:30 Prime Time - Session # 3
10:00 Cabin Discussions
11:00 **Freeze Time –Lodge & DH open**
12:00 am Back to Igloos (lights out)

Sunday

8:30 Leaders' Meeting - Lodge
9:00 Breakfast
10:15 Prime Time - Session # 4
11:45 Group Sessions by Church – locations TBA
12:15 pm Lunch A
12:45 Lunch B

RCC Medical Release/Liability Waiver/Insurance Form

August 1, 2009 through August 31, 2010

NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS: _____

I give my permission for my child (named above) to go with *Rockingham Christian Church, Salem, NH*, on congregation sponsored activities. I release *Rockingham Christian Church*, and its staff and volunteer leaders, from responsibility and liability for any injury or illness that my child/children may sustain during these activities.

IN CASE OF EMERGENCY, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, either at a doctors office or in any hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury or illness is life threatening).

Signature of parent/legal guardian: _____

Medical Information

Allergies to food: _____ to medications: _____

to insect bites/stings: _____ to others (list): _____

Medications taken currently: _____

Date of last Tetanus Booster: _____ (must have been within the last 10 years)

Please *cross out* any medication you **do not** allow your child to have:

Pain Relievers (Tylenol/Acetaminophen, Ibuprofen, aspirin, other _____)

Allergy Medication (Benadryl, other antihistamines, other _____)

Cough Suppressants (_____)

Decongestants (Sudafed, other _____)

Anti-diarrhea Medications (Pepto Bismol, Immodium, other _____)

Other over the counter medications _____

Physical limitations/Current health conditions: _____

Physician's Name: _____

Address: _____

Telephone Number: _____

PLEASE ATTACH PHOTOCOPY OF INSURANCE CARD

Insurance Company: _____

Name of Insured: _____

Policy #: _____ Group #: _____ Phone #: _____

Emergency Contact Information

Print name of parent/legal guardian: _____

Phone #s of parent/legal guardian: Home _____ Work _____ Cell _____

Names of other emergency contact person(s) and phone number(s):

1st _____ Phone Number(s): _____

2nd _____ Phone Number(s): _____

3rd _____ Phone Number(s): _____

2010 *Deep Freeze*

Camper & Leader Information/ Permission and Release

Group Name: _____

Attending Leader's Name: _____

Personal Information:

Camper Leader (check one)

Dates of Attendance: _____

Name: _____ Date of Birth: _____ Grade _____ Male/Female
(circle)

Street Address: _____ Camper's Email _____

City: _____ State: _____ Zip Code: _____

Father's name: _____ Phone # Home () _____ Cell () _____

Mother's name _____ Phone # Home () _____ Cell () _____

Father's Email: _____ Mother's Email _____

Medical Information:

Date of last Tetanus Shot: _____

Known allergies, medical problems or physical limitations:

Person to contact in case of an emergency: _____

Relationship: _____ Phone # () _____

Insurance Information:

Insurance Company: _____

Policy # _____ Group # _____

Name of Policy Holder: _____

Permission Statement

I understand and certify that my child's participation in Berea's Deep Freeze activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Deep Freeze programs and particularly, but not limited to activities in the snow, football,越野, broom hockey, volleyball, basketball and wall climbing. I acknowledge that although Camp Berea has taken safety measures to minimize risk, Camp Berea cannot guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents and / or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by Camp Berea rules, regulations and procedures for the safety of camp participants.

In an emergency, I hereby give permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for my child as named above.

To be signed by participant or parent or guardian for those under 18 _____

_____ Date

By signing, I also grant permission for the use of any photos taken of the child named above in Berea promotional materials.

Frequently Asked Questions about Paintball

1. How old do you have to be to play paintball?
12 years or older
2. How much does paintball cost?
There is a \$25 field fee which includes the cost of your marker and 200 rounds of paint. For each extra 100 rounds of paint, there is an additional charge of \$5.
3. Where do we play?
On Camp Berea's own paintball course. All games are closely monitored by our trained staff.
4. Can I bring my own equipment to camp?
Yes, you may bring your own equipment. You must turn it in when you arrive for safe-keeping until game time.
5. How much does it cost if I bring my own equipment?
\$25 for the field fee.
6. Can I bring my own paint?
No. This is standard procedure for paintball fields. You must buy our paint to play.
7. What do I do if I only have a CO₂ tank on my marker?
We have compressed air tanks you can use. CO₂ will not work under the cold New Hampshire conditions for any length of time so it is important to check that your marker is compressed air compatible before arriving at camp. (Check your manual or with the manufacturer.)
8. What kind of clothes should I bring to play in?
Warm winter clothes! Warm socks, boots, a winter jacket, ski pants, hat, and gloves are a necessity. Paint will wash out of **most** fabrics with ease.
9. How important is the release form?
YOU CANNOT PLAY WITHOUT IT! You must bring a release form signed by your parent or guardian in order to play.

CAMP BERE A PAINTBALL PARK

YOU MUST BE 12 OR OLDER IN ORDER TO PLAY PAINTBALL!!!!

This is a Release of Liability. READ BEFORE SIGNING. This form must be READ and SIGNED before the participant is allowed to take part in any paintball event at CAMP BERE A of New Hampshire.

In consideration of being permitted to participate in any way in the sport and activities of paintball I acknowledge, appreciate, and agree that: 1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist; 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and, 3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD CAMP BERE A OF NEW HAMPSHIRE, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct. 5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and even in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**** PLEASE PRINT LEGIBLY ** * PLEASE PRINT LEGIBLY * * ***

Church Group: _____ Leader's Name: _____

Participants Name: _____ Deep Freeze Dates: _____

Address _____ City/State _____ Zip Code _____

PARTICIPANT'S DATE OF BIRTH _____ AGE _____ GRADE _____

Participant's Signature _____ Date Signed _____

***If under 18 Years of Age A Parent or Guardian Must Read This Form and Sign Below ***

PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Camp Berea and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin. The undersigned parent or guardian hereby gives permission for Camp Berea of N.H. to authorize emergency medical treatment as may be deemed necessary for the child named above, while playing paintball games at Camp Berea of N.H. from this date thru year end.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER DATE SIGNED