



The Great Escape 2012



July 26-31

The Great Escape is our annual middle school camp in Florida. This is the coolest thing we do all year, you don't want to miss it!

What do we do? Lots of games and activities. Tournaments. Great worship services. Hilarious skits. Two pools with a great waterslide as well as tubing on the lake! Awesome teachers. And plenty of free time to hang out with your friends. Best of all, The Great Escape is designed specifically for people your age! It's a great chance for you to grow spiritually...or maybe understand who Jesus Christ is for the first time. It's also a great camp to invite a friend to for the same reasons!!!



Sign Up Now!

To register for TGE, fill out this form and return with your \$100 deposit to Tanya by May 1st. Total cost is \$395, and the final payment will be due June 24th. Sign up soon, as space is limited!

2011 GREAT ESCAPE REGISTRATION & CONSENT

Student's Name: _____ Age _____

Grade Completed Spring 2012: (please circle) 6th 7th 8th

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Medical & Emergency Contact Information

If applicable, I am listing any medical problems or

allergies: _____

Insurance Company and Policy Number: _____

In an Emergency, contact this person first: _____

Day Number: _____ Night Number: _____

Alternate Contact Person: _____

Phone Number: _____

Consent Statement

I hereby give my permission for my child to participate in this activity organized by the Youth Ministry of Blacknall Memorial Presbyterian Church. I understand that in the event my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Blacknall staff or any adult counselor acting on behalf of Blacknall with respect to the activity, to consent to any health care, including medical, dental or surgical diagnosis; X-ray examination; administration of anesthesia; performance of operations and other procedures; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my child's medical allergies, medications being taken, medical problems and other pertinent information.

Signature of Parent/Legal Guardian _____

Date: _____

Questions, contact Tanya(286-5586 or tkronstad@blacknall.org).

More information is available on the website: youth.blacknall.org