

MI Camping Trip! Adirondack Loj Wilderness Campground May 28-31, 2010



We'll make a long trek that's worth the trip! Settled in the middle of the incredible Adirondack Mountains, we'll be surrounded by spectacular views... and bathrooms. ☺ We'll sleep in tents, cook our own food on camp stoves and over the fire, hike, take part in a canoe race, compete in a scavenger hunt, have a good ol' fashioned "Hymn Sing", eat s'mores, drink deeply from the Word, and enjoy times of prayer and solitude.

Note: This is the only event we run where space is truly limited by virtue of the nature of the event. If you really want to go, please get that registration in early!!

*May 28-31
Adirondack Loj Wilderness Campground, Lake Placid, NY
518-523-3441
www.adk.org/ad_wilderness*

Cost: \$75 per person plus spending money for food on the way there and back (or bring a bag lunch for the way there).

*Registration deadline: May 2
Give payment & signed liability form to Chris
or mail to: Pastor Chris, SSBC, 578 Main St, Hingham, MA 02043*

Departure: Friday, 5/28, 3pm from SSBC

Return: Monday, 5/31, approximately 4pm to SSBC

What to Bring: Sleeping bag, Bible, pillow, rain jacket or poncho, boots, clothes for warm and cold weather (generally 5-shirt during the day and sweater at night), flashlight, toiletries, towel, and bug spray.

To subscribe to YM emails, go to <http://southshorebaptist.com/whats-current/subscribe-to-email-updates/>

Pastor Chris Hemmerich

781-749-2592 x123

Chris@SouthShoreBaptist.com

**Authorization to Consent to Medical Treatment
Of a Minor and General Liability Release**

**Event: MI Camping Trip
Adirondack Loj Wilderness Campground, Lake Placid, NY
May 28-31, 2010
Form and Deposit due May 2, 2010**

Youth's Name _____ Sex: M F

Address _____ Town _____ Zip _____

Youth's Birthday ___/___/___ Age _____ Current Grade _____

Name of Parent or Legal Guardian _____ Home: _____

Work: _____ Cell: _____ email _____

Medical Insurance Company _____ Policy Number _____

Emergency name/phone (in case parent unreachable) Name _____ Phone _____

Please List any allergies, special medications, conditions, treatments, or excluded activities:

I, undersigned parent (or legal guardian) of the above named minor, understand that in the event medical treatment is required, efforts will be made to contact me. However, if I cannot be reached, I do hereby authorize the adult youth ministry staff of South Shore Baptist Church as agent(s) for me to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.

I understand all reasonable safety precautions will be taken at all times by the adult youth ministry staff of South Shore Baptist Church. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I HEREBY RELEASE South Shore Baptist Church, its officers, its paid and volunteer staff, its agents from any and all civil liability. I also release the aforementioned church, officers, paid and volunteer staff and agents from any and all property damages, losses, diseases, injuries, or death incurred by the subject of this form.

Parent or Legal Guardian Signature date

Student Signature if 18 years old or older date