

# Cornerstone Senior Florida Trip 2013

A whole orange sits on a sandy beach, its surface glistening with water. In the background, the ocean waves are breaking, creating white foam against a blue sky. The scene is captured in a soft, slightly blurred style, emphasizing the texture of the sand and the vibrant color of the orange.

March 23-March 30  
St. Augustine



# Class of 2013

## Cornerstone

Time to hit the sand, catch some sun, and ride the waves with all your friends!

The Seniors are rollin' to Florida for the best spring break trip ever! This trip will change your life, blow your mind, and rock your world. Get ready for college by learning how to succeed spiritually, mentally, and emotionally during awesome times led by Jim Byrne and staff. Topics: Developing a Spiritual Plan for College, Finding a Church and Fellowship, Time Management, Handling Challenges of College, Living with Roommates, Taking Personal Responsibility.

Create memories with your friends at the beach, on a roller coaster, or at the pool!

We leave the morning of **March 23rd** and return the evening of **March 30th**. The cost of **\$599** includes: ocean front hotel, transportation, a day at Islands of Adventure, breakfast for five days and one dinner. You will have to pay for your other meals- traveling, at the beach, and at IOA.

Registration due by **February 27th** with a deposit of \$200. After that there is a \$35 late fee.

Any questions please contact the youth office at 571-282-0300.

Checks can be made out to TFC Anglican c/o Youth Office and mailed to:  
150 S. Washington St. Suite #100 Falls Church, VA 22046

### Cornerstone Senior Florida Trip 2013, March 23—March 30, \$599

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Goes by \_\_\_\_\_  
Male ☐ Female ☐ Date of Birth (M/D/Y) \_\_\_\_\_ HS Graduation Year \_\_\_\_\_ School \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_  
Name of Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Name of Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Best Parent Email for Contact/Info (identify which parent) \_\_\_\_\_

#### MEDICAL & EMERGENCY CONTACT INFORMATION

Additional Emergency Contact (not parent) \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_  
Please list any medications/treatments/inhalers student will be bringing \_\_\_\_\_  
Allergies to food or drugs? (Please list) \_\_\_\_\_  
Dietary Restrictions? \_\_\_\_\_ Other Limitations or Restrictions? \_\_\_\_\_  
Additional health information/concerns: \_\_\_\_\_

#### PARENT PERMISSION FORM

##### AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned parent(s) or lawful guardian(s) of \_\_\_\_\_, a minor, authorize The Falls Church Anglican to serve as my/our agent for determining the need of, and for authorizing, any diagnosis, treatment, and medical care (including, but not limited to determining the type of health care professional and hospital care needed) determined by The Falls Church Anglican to be advisable during the 2012 Senior Florida Trip. I/We understand this authorization is given in advance of any specific diagnosis, treatment or medical care being required, and is given to provide authority and power on the part of The Falls Church Anglican to give specific consent to any and all such diagnosis, treatment or medical care that the health care professional in the exercise of his or her best judgment may deem advisable.

##### LEGAL RELEASE

In consideration of The Falls Church Anglican determining the need for, and type of, diagnosis, treatment, or medical care (if any), I/We release The Falls Church Anglican from any and all liability whatsoever for bodily injuries, property damage, or other claims sustained during or related to the diagnosis, treatment, and medical care. I/We also agree to indemnify The Falls Church Anglican and/or its agents for, and hold The Falls Church Anglican and/or its agents harmless from, any and all claims or suits brought by any person or entity to the extent of any and all costs, expenses, damages, judgments, verdicts, and/or attorneys' fees.

##### LIABILITY FOR VANDALISM OR DAMAGES

I/We agree that aforesaid minor will be held personally responsible for any vandalism, and for damages caused by negligent behavior or failure to follow trip rules.

**IMPORTANT:** The box below must be completed and signed by parent/guardian to ensure student's attendance.

I have read and understand the foregoing authorization, legal release, liability for vandalism or damages. I give permission for my child to participate in the 2013 Senior Florida Trip; to travel in Youth Ministry vehicles or chartered buses for off-site (TFCA) activities &/or trips. I give permission for pictures/videos in which my child appears as a program participant, to be used in camp brochures, flyers and/or other promotional materials published and distributed by the Youth Ministry Office of The Falls Church Anglican.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_