

# 8TH GRADE WEEKEND

## WHERE ?

Concord Retreat  
Center in West Virginia

## WHEN ? May 3th-5th

DEPART: Registration will be at  
5:00pm on Friday, May 3th.

RETURN: We'll come back  
at 1:30 pm on  
Sunday, May 5th.

## COST ?

**\$185.00**

This covers food and  
lodging at Concord,  
transportation, activities,  
& the company of 8<sup>th</sup>  
grade leaders &  
staff.

Pick up  
and drop off at 150  
S. Washington Street,  
Falls Church, VA!

## What is 8th GRADE WEEKEND all about?

- \* Spending time with your friends and fellow 8th graders and building up a sense of community among the group!
- \* Preparing you for the transition into high school and Cornerstone next year!
- \* Learning more about why Jesus matters in your life right now!

## What do we do?

- \* **HANG OUT** with your 8th GRADE FRIENDS and leaders
- \* Group **GAMES, SPORTS, HIKING**
- \* Nighttime **BONFIRE** with s'mores
- \* **PAINTBALL**
- \* Prepare for **high school**
- \* Talk about a **relationship** with **God & why that's important.**

## **TO REGISTER for 8TH GRADE WEEKEND ...**

Turn in the **completed form (flip over)** along with a check for the full cost of the trip (**\$185**) **by Monday, April 22**. Space is limited, and registrations will be considered on a first come, first serve basis. *Checks should be made out to "The Falls Church Anglican."* **Partial scholarship may be available for those with financial needs. Scholarship forms must be requested from the Crossroads staff no later than April 12th.**

**any other questions ? contact Betsy Christian at 571-282-0306 or [betsy@tfcanglican.org](mailto:betsy@tfcanglican.org)**

# 8th Grade Weekend Registration!

## May 3-5th, 2013; Total Cost: \$185.00

Students Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Goes by \_\_\_\_\_

Male ☐ Female ☐ Date of Birth (M/D/Y) \_\_\_\_\_ HS Graduation Year \_\_\_\_\_ School \_\_\_\_\_

With Whom Does Student Live? Please indicate with a check - Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other \_\_\_\_\_

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 (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

### 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 \_\_\_\_\_

(PLEASE BRING ALL PRESCRIPTION MEDICATIONS TO THE NURSE AT REGISTRATION IN ORIGINAL CONTAINER-NAME ON BOTTLE MUST BE SAME AS NAME LISTED ON INSTRUCTION SHEET. DO NOT USE COMMON NAME IF GENERIC NAME IS ON BOTTLE.)

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 *8th Grade Weekend* 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 *8th Grade Weekend*; 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.