

Decade Shasta Winter Retreat January 31-February 2

We will be going to Mount Shasta for snow fun.

Meet at the church at 12pm on January 31 We will be back around 2PM or 3pm on the February 2. Bring money for meals on the road and personal spending. Flex your adventurous spirit for a truly memorable Trip In Lake Shasta And mount Shasta. This is not a trip you want to miss. Sign Up by January 19

Bring your own spending money for extras.

The cost is \$80 and does NOT include the cost of skiing or boarding.

Check out <http://skipark.com/> for rates

We will be staying at the Myers Hillside Hideaway in Lakehead ca.

We will be snowboarding/skiing at the Mount Shasta Snow Park

Lessons are greatly encouraged for the novice or first time skiers or boarders.

There is a snow park for those not skiing or boarding.

Sledding and playing at the Mount Shasta Snow park Snowman hill

You can see the Myers Hillside Hideaway at this link

<http://www.vrbo.com/284381>

Please bring:

- Your friends
- Warm Clothes including hat, coat, boots, gloves
- Money for meals on the road, optional skiing or snowboarding, and misc.
- Bible
- Sleeping Bag, etc.
- Toiletries



Consent for Medical Treatment and Release of Liability

I hereby give permission to the physician and/or dentists selected by the First Presbyterian Church of Santa Rosa representative or sponsor to hospitalize, secure treatment for, and order injection, anesthesia or surgery for my dependant as named below. I also hereby give permission for my dependant to participate in all activities, travel, ministry projects, and other activities associated with First Presbyterian Church of Santa Rosa.

I, therefore agree to assume as an explicit condition of my dependant's participation, any and all risks, including, but not limited to those enumerated above. I agree to hold harmless First Presbyterian Church of Santa Rosa and its representatives from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my dependant.

I realize also in the event of illness or injury while participating in activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered and I agree to bear the cost of such treatment. If any changes occur, I will contact the director of youth ministry.

Dependants Name _____ Parent/Guardians Name _____

Parent/Guardian Phone Number _____ Alternate Phone _____

Allergies or Medical Problems/Special Needs _____

Insurance Carrier & Policy # _____

Name of Secondary Emergency Contact _____ Phone # _____

Parent/Guardian Signature _____ Date _____