

# HIGH SCHOOL BOATING TRIP

JULY 31 - AUGUST 3, 2010

CLEAR LAKE, CA

COST: \$125

High school and college students are welcome to join us on our annual boating trip, this summer at Clear Lake. We will be staying at the Alexander family cabins while enjoying the lake just a short walk away. We'll be offering waterskiing, wake-boarding, and tubing, along with other fun and relaxing activities around the cabin...including yes, volleyball.

\* We will be meeting at church at 9am on Saturday, July 31 and returning around 5pm on Tuesday, August 3rd.

\* Please bring:

- sleeping bag, pillow
- swimsuit & towels
- sunscreen, sunglasses, hat
- warmer clothes for the evening
- shampoo, soap, toothbrush...

\* We will need extra help driving so if your parents can either drive a car to drop us off or pick us up we would greatly appreciate it!

\* Permission slips are due by Sunday, July 4

If you have any further questions, please contact Sara Erickson at 925.498.9804



Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Student Cell (\_\_\_\_) \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Family e-mail \_\_\_\_\_  
Health Insurance Co. & Policy # \_\_\_\_\_  
Any health problems/limitations \_\_\_\_\_

PAYMENT: Food, housing, and recreation are all included.

- Check or money order enclosed for \$\_\_\_\_\_ (make check payable to Canyon Creek Church, memo: Boating Trip)
- Charge my credit card please. We take Visa and MasterCard only. Call Phyllis in our accounting department at (925) 498-9810

## PARENTAL PERMISSION SLIP

I (we) give my permission for \_\_\_\_\_ to attend the Canyon Creek Church High School Boating Trip August 1-4, 2010.

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician or dentist to provide the care necessary, including anesthesia, injection or surgery, for my child's well being. I will assume any medical expenses incurred.

I (we) also release Canyon Creek Presbyterian Church, its staff and sponsors from any and all accident or injury liability related to this activity, including transportation.

Signature \_\_\_\_\_ Date \_\_\_\_\_