

Camp HOPE

Dear Parent /Guardian,

The Clearlake Youth Center has partnered with Lake County Behavioral Health and Xtreme Mpac Youth Ministries to provide Camp HOPE. The Camp is FREE FOR YOUR STUDENT and the last day will be a trip to Big River State Beach in Mendocino County. The trip to the beach will be on **THURSDAY, JUNE 13, 2019 FROM 8:00 AM TO 8:00 PM.**

This event is not an official school event. It is being hosted by Clearlake Youth Center.

YOU MUST COMPLETE THE PERMISSION FORM IN ORDER TO REGISTER FOR THIS EVENT.
THE FIRST 50 STUDENTS TO REGISTER WILL GO TO THE BEACH.

The event will be a three-day event (June 11, 12, & 13). June 11 and 12th we will meet at the Clearlake Youth Center from 10:00 am until 2:00pm. There will be food, fun activities, and education about HOPE. The last day (June 13th) will be a trip to Big River State Beach, Mendocino County, Hwy 1 and Big River Road, Mendocino, CA 95460. There is no cost to participate in this event. If you have any questions, please call Loren Freeman 707-533-6464 cell.

The event will be held at the Clearlake Youth Center, 4750 Golf Ave., Clearlake, CA 95422. Transportation will be provided from the Clearlake Youth Center parking lot to the beach on June 13th by Xtreme Mpac Youth Ministries. Students will need to make arrangements to be picked up at 8:00 pm at the youth center. Transportation will **NOT** be provided home.

Date(s) of trip event: THURSDAY, JUNE 13, 2019

Pick-up location: Clearlake Youth Center.

Pick up time: 8:00 AM

EVENT IS OVER AT 8:00 PM on June 13th, 2019. Parents please pick up your student at the Clearlake Youth Center, Clearlake, CA 95422. The phone number at the building is 707-994-5437.

Sincerely,

Loren Freeman, Life Coach

mobile: (707) 533-6464

email: clearlakeyouthcenter@gmail.com

website: www.clearlakeyouth.org

I give permission for my son/daughter to participate in Camp HOPE Event June 11, 12, and 13th, 2019 under the supervision of Clearlake Youth Center staff and other designated leaders.

Parent/Guardian (print name)

Parent/Guardian signature

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Parent/Guardian contact Phone number

Date

Youth phone number: _____

Youth address: _____

Youth email: _____

You must also sign the 'Liability Release Form' on the reverse side of this form to attend this event.

X-treme M-pact Youth Ministry

Youth's Name (Please print)

Today's Date

Liability Release Form

In consideration for participating in the **Camp HOPE** Sponsored event for **JUNE 11, 12, AND 13TH, 2019 EVENT**, I, being 21 years of age or older, as a parent/ Guardian of above minor youth and participant in the above program, I do hereby release, forever discharge and agree to hold harmless The Clearlake Youth Center, Lake County Behavioral Health, First Assembly of God Church & X-treme M-pact Youth Ministry, and the directors/ pastors/ volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers transportation provided by X-treme M-pact Youth Ministry and its representatives (bus drivers) who are properly licensed to drive in the state of California; and meetings on the church site or any other site during programs and activities; and refreshments, purchased or homemade that will be served at above event. I have read and understand the above information, and by signing below I agree to the "Liability Release Form".

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my youth, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. However, in the event that I cannot be reached, I authorize the doctor or hospital to provide the necessary medical services in the event my youth is injured or becomes ill. I understand that the First Assembly of God Church and/or X-treme M-pact Youth Ministry will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Medical Problems (allergies, etc.)? Yes No

Explain: _____

I have read and understand the above information, and by signing below I agree to the "Medical Treatment Authorization". **Further**, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby agree to assume all transportation costs by signing below. *

Parent/Guardian Printed Name

* _____
Parent/Guardian Signature

Date

Youth

I will abide by the directions of the leadership at the event and will not leave the grounds where the event is being held. If I do not abide by these conditions, I understand that my parent/guardian will be contacted to pick me up early.

Youth's Signature