



Grounded Youth
Spring Break Trip 2010
March 23-25
Information Packet



The Grounded Youth Spring Break trip is an exciting trip designed to discover and experience the wonders of God's Creation! The trip will be 3 days long, March 23rd through March 25th. All youth grades 6-12 are invited to attend.

We will be traveling by Van to Florence Kentucky (about a 3 hour trip). There we will be centrally located to visit the Cincinnati Zoo and the Creation Museum.

Parents- feel like it would be fun to chaperone? Please contact Pastor Jon ASAP. The Adult Chaperones for the trip currently are Steve and Lisa Hammell, Brandi and Pastor Jon.

The cost for the trip *before fundraisers is approximately* \$132 for ages 13 and older, and \$122 for ages 12 and under. There will be a parent meeting concerning the trip on Wednesday January 20th at 6:15pm.

Here is a tentative itinerary of the trip:

Tuesday March 23

8:00AMBreakfast at Pastor Jon and Brandi's House
8:45AMPack up vehicles
9:00AMOn the Road to Kentucky
12:15PMArrive and Check-In at Hotel #1
12:45PMCincinnati Zoo- Lunch at Zoo at Students' Leisure
5:00PMLeave Zoo
5:15PMClean-Up for Dinner
5:45PMDinner
7:00PMNight Time Activity
9:00PMBack at Hotel
10:00PMDevotions
11:00PM....."Lights Out"

Wednesday March 24

8:30AMBreakfast at Hotel
9:00AMLeave for Creation Museum
9:30AMCheck-In at Creation Museum
Noonish.....Lunch at Museum
6:00PMCheck-In at Hotel #2
6:30PMDinner
7:00PMNight Time Activity
9:00PMBack at Hotel
10:00PMDevotions
11:00PM....."Lights Out"

Thursday March 25

8:30AMBreakfast at hotel
9:00AMPack-up Vans and go!
12:30PMBack at home

Important Information

Contact Information:

Pastor Jon(260)849-2885

Brandi.....(260)849-9136

Steve H(260)525-0009

Lisa H.....(260)525-0008

Hotel #1 (LaQuinta, Florence KY) (859)282-8212

Hotel #2 (Wildwood Inn, Florence KY) (859)371-6300

What to Bring

- Casual Clothes for 3 day trip
- Comfortable shoes for walking in
- Toiletries
- Swimwear (one piece swimsuits or swimsuits with t-shirts that adequately cover)
- Bible
- Pen and Journal (recommended)
- Bagged lunch for first day (if you want to save \$10 on one lunch)

Please have the form below returned to Pastor Jon by Wednesday February 3rd

Name of Student: _____ **Age:** _____

Please Check Payment Method: (please check all that apply)

We will pay total amount outright

I (the student) will fundraise for trip and we will pay whatever amount remains

I will assist others to be able to go on the trip

Student Signature: _____

Parent/Guardian Signature: _____

Emergency Contact and Medical Information for a Child

<hr/> <p style="text-align: center;">Child's Name</p>	<hr/> <p style="text-align: center;">Date of Birth</p>	M	F
		Sex	
<hr/> <p style="text-align: center;">Parent's/Guardian's Name</p>	<hr/> <p style="text-align: center;">Parent's/Guardian's Name</p>		
() <hr/> <p style="text-align: center;">Home Phone</p>	() <hr/> <p style="text-align: center;">Work Phone</p>	() <hr/> <p style="text-align: center;">Home Phone</p>	() <hr/> <p style="text-align: center;">Work Phone</p>
<hr/> <p style="text-align: center;">Address</p>	<hr/> <p style="text-align: center;">Address</p>		
<hr/> <p style="text-align: center;">City, ST ZIP Code</p>	<hr/> <p style="text-align: center;">City, ST ZIP Code</p>		

Alternative Emergency Contacts

<hr/> <p style="text-align: center;">Primary Emergency Contact</p>	<hr/> <p style="text-align: center;">Secondary Emergency Contact</p>
() <hr/> <p style="text-align: center;">Home Phone</p>	() <hr/> <p style="text-align: center;">Home Phone</p>
() <hr/> <p style="text-align: center;">Work Phone</p>	() <hr/> <p style="text-align: center;">Work Phone</p>
<hr/> <p style="text-align: center;">Address</p>	<hr/> <p style="text-align: center;">Address</p>
<hr/> <p style="text-align: center;">City, ST ZIP Code</p>	<hr/> <p style="text-align: center;">City, ST ZIP Code</p>

Medical Information

<hr/> <p style="text-align: center;">Hospital/Clinic Preference</p>	
<hr/> <p style="text-align: center;">Physician's Name</p>	<hr/> <p style="text-align: center;">Phone Number</p>
<hr/> <p style="text-align: center;">Insurance Company</p>	<hr/> <p style="text-align: center;">Policy Number</p>

Allergies/Special Health Considerations:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <p style="text-align: center;">Parent's/Guardian's Signature</p>	<hr/> <p style="text-align: center;">Date</p>
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I give permission for my child to go on field trips. I release WMC and individuals from liability in case of accident during activities related to the event, as long as normal safety procedures have been taken.