

Student Ministries
Ski Trip
Information Packet



January 28, 2012
Pats Peak Ski Resort

Among these pages you will find all you need to know to get yourself out on the slopes! Remember, your parents need to read this too! They are responsible for making sure you are ready to go!! If after reading all of this, you still have questions or special needs/requests, please call Steve at the church office (603-894-5228 x205) or email him at scullum@rccsaalem.com.

Where are we going?

We are heading to Pats Peak (about 1 1/2 hours from RCC).

Who all can go?

This trip is for all 6-12th grade students and their friends!

How much is this going to cost?

★ Your \$45 will include:

- Lift Ticket
- Equipment Rental
- Snow-Tubing

**It will be \$10 extra to rent a helmet.*

**Eat lunch before you come. We will not stop on the way.

What do I need to do?

- Your parent must sign the RCC Permission slip letting us know that they are aware of you being with us for the entire time of this trip.
- If you have not done so already, your parent must complete the RCC Medical Release/Waiver of Liability/Insurance Form. This form is good from August. 1, 2011 through August 31, 2012. If you have one on file at the church already, you do not need to complete this form.

Turn in all of these forms and your money to Steve or the main office on or before Sunday, January 22, 2012.



What do I need to bring?

Clothes for skiing

Hat and/or Helmet

Gloves or mittens that are water repellent

Coat and pants that are water repellent

One or more layers of some type of insulating material like fleece or wool for both legs and torso. (Cotton is not good.)

A layer close to your skin that wicks moisture away like polypropylene.

At least two pairs of socks. (Wool is warm. Cotton is cold.)

Sunglasses or Goggles.

Change of clothes for the ride home after skiing

Money for dinner at the lodge (Approx. \$6-10)

The Schedule

Saturday, January 28

1:00pm	Leave from RCC and head to Gunstock Mountain
2:30pm	Arrive at Pats Peak
3:00pm	Check-in, Get settled, & Get rental equipment
3:30pm	Begin skiing/snowboarding/snow-tubing
6:00pm	Dinner (bring money for dinner)
10:00pm	Pack up and head back to RCC
11:30pm	Arrive back at RCC

Some group guidelines

- Remember that we represent Jesus and His Church. Please act accordingly.
- Never go somewhere alone.
- Be respectful of the vehicle(s), Pats Peak Ski Resort, and everyone you come into contact with.
- Bring only items on this trip that glorify God.
- Stay positive. Negative attitudes really get us down!
- Public (or private) displays of affection are not allowed.
- Follow the rules of Pats Peak for appropriate behavior.
- A Youth Leader's word is final.
- Youth Leaders may add to this list if the need arises!

Important Phone Numbers:

- Steve's Cell Phone -- (217) 871-5502
- Pats Peak -- 1-888-PATS-PEAK



Rockingham Christian Church Student Ministries
High School Ski Trip Permission Slip

Student Name _____ Age _____

I give my permission for my child/children (named above) from *Rockingham Christian Church*, Salem, New Hampshire, to take part in the **Student Ministries Ski Trip (Pats Peak Ski Resort)**.

I understand that my child/children will be a part of this trip from **1:00 pm until 11:30pm on Saturday, January 28, 2012**.

I agree to send with them only the items deemed appropriate by the youth leaders at Rockingham Christian Church.

I have completed the medical information/release form for the year August 2011—August, 2012. If not, I have attached this form to this permission slip to go on file in the church office. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN THIS EVENT.**

I can be reached at these numbers during this trip:

Signature of parent/legal guardian:

Date: ___/___/___

RCC Medical Release/Liability Waiver/Insurance Form

August 1, 2011 through August 31, 2012

Name: _____ Phone: _____

Date of Birth: _____

Address: _____

I give my permission for my child (named above) to go with *Rockingham Christian Church, Salem, NH*, on congregation sponsored activities. I release *Rockingham Christian Church*, and its staff and volunteer leaders, from responsibility and liability for any injury or illness that my child/children may sustain during these activities.

IN CASE OF EMERGENCY, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, either at a doctors office or in any hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury or illness is life threatening).

Signature of parent/legal guardian: _____

Medical Information

Allergies to food: _____ to medications: _____

to insect bites/stings: _____ to others (list): _____

Medications taken currently: _____

Date of last Tetanus Booster: _____ (must have been within the last 10 years)

Please *cross out* any medication you **do not** allow your child to have:

Pain Relievers (Tylenol/Acetaminophen, Ibuprofen, aspirin, other _____)

Allergy Medication (Benadryl, other antihistamines, other _____)

Cough Suppressants (_____)

Decongestants (Sudafed, other _____)

Anti-diarrhea Medications (Pepto Bismol, Immodium, other _____)

Other over the counter medications _____

Physical limitations/Current health conditions: _____

Physician's Name: _____

Address: _____

Telephone Number: _____

PLEASE ATTACH PHOTOCOPY OF INSURANCE CARD

Insurance Company: _____

Name of Insured: _____

Policy #: _____ Group #: _____ Phone #: _____

Emergency Contact Information

Print name of parent/legal guardian: _____

Phone #s of parent/legal guardian: Home _____ Work _____ Cell _____

Names of other emergency contact person(s) and phone number(s):

1st _____ Phone Number(s): _____

2nd _____ Phone Number(s): _____

3rd _____ Phone Number(s): _____