

June 2018

To the Senior Class of 2018 and their Parents:

We hope you are enjoying your summer. Before we know it, we will be back in the daily life at Capital Christian High School and zipping through the much anticipated Senior year.

This year's class will be the thirteenth that will experience the annual Senior Retreat. The purpose of this retreat is to build unity in the senior class, both socially and spiritually at the beginning of the school year. This will be a great opportunity for this year Senior class to start off the year!

The following is updated information about our retreat:

When: August 10 – Depart @ **1:00pm** (School out @ noon)
Return August 12 by **3:00pm**
Where: Calvin Crest in Oakhurst, CA
Cost: \$215

Please make checks payable to CCS and mail or bring to the High School office along with the enclosed signed permission slip by **July 27**.

We are anticipating a great time of fellowship, lots of fun and the opportunity for God to challenge us in exciting ways. Please pray for us as we add the final touches to our retreat. Parents, please pray for safety, incredible class unity and for open hearts before God. What a great time we will have!

If you have any questions please call the school office at 916-856-5611.

Sincerely,

Student Activities Team



CAPITAL CHRISTIAN SCHOOL

9470 Micron Avenue

Sacramento, CA 95827

(916) 856-5683 | Lisa.Berry@capitalonline.cc

PARENTAL CONSENT FORM

(Please Print)

Parents and legal guardians of minor children are asked to complete this form and return it to Capital Christian School (CCS) which is a ministry of Capital Christian Center, hereinafter collectively referred to as CCC. The information requested is designed to assist CCC in providing for the safety of minors during CCS sponsored activities.

GENERAL INFORMATION

Child's Full Name:

Child's Address:

City:

State:

Zip Code:

Parent / Guardian Name:

Parent / Guardian Name:

Cell Phone #:

Home Phone #:

Health Insurance Company Covering Child:

Policy Number:

Child's Date of Birth:

Family Doctor:

Dr. Phone #:

CONSENT AND CERTIFICATION

I / we, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of our child in the activities at **Calvin Crest, located at 4800 Calvin Crest Road Oakhurst, CA 93644 on 8/10/2018 – 8/12/2018.**

OFF CAMPUS ACTIVITIES: *traveling on chartered bus, purchasing own meals, snacks and/or beverages, hosted meals, overnight stay in cabins, team building games, activities and projects, swimming in pool with diving board and slide, lake activities including paddle boats, hiking, bonfire, attending chapel-like services. The students will be travelling with approximately 110 other students plus adult staff members.* I / we hereby represent that child is in good health and in proper physical condition to participate in the above activities. Further, I / we certify that my child is physically able and adequately trained to participate in such events, including swimming. I/we understand and acknowledge the physical rigors associated with the activities and understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of CCC; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I / we understand that these Risks may be caused in whole or in part by child's own actions or inactions, the actions or inactions of others participating in the activity, and I / we hereby expressly authorize our child to participate in the above activities.

List any activities you DO NOT AUTHORIZE your child to participate in:

MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness? Yes No

If yes, please explain:

Is your child presently taking any form of medication? Yes No

If yes, please explain:

Is your child allergic to any type of medication? Yes No

If yes, please explain:

Does your child require a special diet? Yes No

If yes, please explain:

Does your child currently have or previously had any of the following:

- Seizure disorders Asthma Heart murmur Hay fever Kidney disease
- Diabetes

Does your child have any allergies other than medical? Yes No

If yes, please explain:

Does your child ever sleep walk? Yes No

Can your child swim? Yes No

Does your child have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes No

If yes, please explain:

MEDICAL TREATMENT AUTHORIZATION

I /we understand that I / we will be notified in the case of a medical emergency involving my child. However, in the event that I / we, cannot be reached, I / we authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I / we authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: _____

I / we understand that CCC, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

I / we agree to notify CCC in the event of any health changes which would restrict my child's participation in any activities. I / we also understand that the adult church / school representatives reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent /Guardian:

Date:

Signature of Parent /Guardian:

Date:

GENERAL RELEASE AND ASSUMPTION OF RISK

KNOWING THE RISKS DESCRIBED ABOVE, I / WE AGREE, ON BEHALF OF MYSELF AND MY CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I / WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY CAPITAL CHRISTIAN CENTER, AND ITS AFFILIATED MINISTRIES AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH MY CHILD MAY SUFFER, OR FOR WHICH MY CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY CHILD'S PARTICIPATING IN SAID ACVTITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I/We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me/us enforceable against me/us in accordance with its terms.

Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of California, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of California, excluding its choice of law rules.

I / we attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor Child's Name: _____

Signature of Parent / Guardian

Date