

# High School Ski Trip (Grades 9-12) at Beech Mountain in Boone, NC January 25-27, 2008



**Who:** Any high school students who are a part of the FPC Youth Program  
(i.e. those of you who have your name in our handy-dandy Youth Directory).

**When:** January 25-27, 2008

**Where:** Camp Broadstone/Boone, NC (Beech Mountain Slopes)

**Transportation:** Chartered buses

**COST:** \$ 240 (Pay in full or pay a deposit now of \$120)

**ATTENTION!**

YOUR NAME WILL NOT BE ADDED TO THE SKI TRIP LIST UNTIL THIS FORM IS FILLED OUT COMPLETELY AND HAS BEEN TURNED IN TO THE YOUTH OFFICE WITH THE NON-REFUNDABLE DEPOSIT CHECK FOR \$120. WE ACCEPT NAMES ON A FIRST-COME, FIRST SERVE BASIS. THE SKI TRIPS FILL UP FAST!

**Sign-Ups:** A \$120 NON-REFUNDABLE AND NON-TRANSFERRABLE deposit and a ski trip form must be sent to Ellie Billington, c/o First Presbyterian Church/4815 Franklin Road/Nashville, TN 37220. There are spaces for 90 on the trip. First come, first serve! All forms and deposits are due into the office by **November 25**. Final payments are due into the Youth Office by **January 2<sup>nd</sup>**.

**MARK YOUR CALENDARS!**

A Ski Trip Information Meeting for youth & their parents will be on Sunday, January, 13 at 12:15 PM in the Chapel.

If you have any questions call Ellie Billington at 298-9508, and she will get back to you!

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Detach and return to the Youth Dept./4815 Franklin Road/Nashville, TN 37220

## PERMISSION/RELEASE FORM FPC HIGH SCHOOL YOUTH SKI TRIP JANUARY 25-27, 2008

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Grade \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

I give permission for my child (named above) to join the High School Youth Group of First Presbyterian Church on the Senior High Youth Ski Trip: January 25-27, 2008. I understand that the group will be traveling in rental vans.

I understand that with any activity of this nature there is the chance of injury. Notwithstanding that risk, I release, relieve and hold harmless First Presbyterian Church, their employees and volunteers from any and all liabilities for personal injury, property damage or otherwise, arising out of my child's participation in this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any examination or treatment by physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I understand that the cost of the trip will be \$240.

Signature of Parent or Legal Guardian \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Medical Insurance Co. \_\_\_\_\_

Ins. Policy # \_\_\_\_\_ Member's Name \_\_\_\_\_



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Do you need a lesson? (an additional \$8.00) \_\_\_\_\_ (Required for 1st time skiers)

Snowboard? \_\_\_\_\_ (There will be an extra charge)

Ski Exp. \_\_\_\_\_ (Advanced, Intermediate, Beginner)