

March 27-29, 2015

Hoblitzelle Camp & Conference Center

Cost: \$95.00

7th – **12**th Grade

Leave LHC: Friday at 5:00 p.m. (eat before you come)

Return LHC: Sunday at 1:00 p.m.

Due by March 15:

- ☐ Form (below)
- ☐ \$20 Deposit*
- ☐ Medical Release
- ☐ Scholarship Application (if needed)

Due by March 25:

☐ Remaining \$75

Yes, I want to attend!!

Student Name:		
Student Phone:Receive Texts? Y		
Student Grade:	Student Birthdate:	
Home Address: (only required	if not listed in Church Directory or if it has changed)	
☐ \$20* Required Deposit, <u>OR</u>	☐ \$95 ☐ Signed Medical Release	
☐ Scholarship/Payment Scheo	dule Application (if needed)	

^{*}Students who require scholarship assistance will still need to provide the deposit amount.

MEDICAL CONSENT

Ι,	, am the mother / father / legal			
guardian of	, a minor. I hereby give and grant my full			
permission and authority to any Lake Highlands Church staff member or trip				
chaperone/sponsor to exercise care and control over my child, and to consent to				
medical treatmen	nt of my child while my child is on any trip or outing sponsored by			
the Lake Highla	nds Church of Dallas, Texas. This grant of permission and			
authority extend	s to both emergency and non-emergency treatment decisions that			
may need to be made on behalf of my child in case of any illness or injury, to be				
administered by such medical institutions and medical professionals as may be				
selected by the aforementioned staff member or trip chaperone/sponsor, including				
any procedure that such medical institutions and medical professionals deem				
advisable in attempting to relieve an emergency condition or any related unhealthy				
condition that may be encountered during any necessary operation.				
I agree that the Lake Highlands Church, staff members and trip				
chaperones/sponsors shall not be held responsible for any accident which might				
occur in connection with this trip.				
Parent's signatur	re			
Date				
Insurance Comp	any Name			
Insurance Policy Number				
Parents phone #(s)				



NOTE: Please fill out ONLY IF YOU NEED ASSISTANCE with payment.

EVENT: 2015 Spring Retreat – Camp Hoblitzelle

COST: \$95.00 **Registration deadline is March 15.**

We recognize that families may experience difficult economic times at some point or another. It is our desire for every student to be able to attend the Ignite Student Ministry retreats, camps and mission trips despite their economic situation.

To this end, we offer partial scholarships and payment plans to meet the family needs. We do ask that you prayerfully consider how much you can contribute in order to stretch our budget to allow for other students to receive scholarships. To receive assistance this application must be completed and signed by a parent.

Student's Name:					
Parent's Name:					
Home Address:					
City: Z	ip:				
Parent Phone #:Receive Texts? Y / N	Student Phone #:	Receive Texts? Y / N			
Parent Email Address:					
Student Email Address:					
I need a later payment date to provide entire trip cost.					
I can pay in full by (date).					
Parent Signature:					
I cannot afford to pay for the entire trip balance. I am requesting a partial scholarship.					
I can pay a total of \$ (minimum of \$20) towards the retreat cost. I am requesting a scholarship for the balance.					
Please list any current financial hardships that should be considered as this request is being processed					
Parent Signature:					