



Trip Details

What is Polar Thang?

Polar Thang is our annual winter retreat to the Twin Lakes camp in Florence, MS. We invite all of the youth ministry to join us for a long weekend of fellowship in the outdoors. We will play games, worship, learn, and even take the dreaded polar plunge into one of the lakes. Come join us for a weekend in God's creation!

Travel Info:

January 13

-Meet at FPC @ 5pm

-We would like to be on the road by 5:30 so don't be late

-Students will need to have \$\$ for dinner or eat before

-We should arrive at Twin Lakes by 9pm

January 15

-Leave Twin Lakes at noon

-Students will need to have \$\$ for one travel meal home

-We should arrive back at FPC by 4pm

Emergency contacts Josh Cell Phone: 214.293.2011 Thomas Cell Phone: 832.338.1823 Twin Lakes Camp: 601.845.6858 155 Milner Road, Florence, Mississippi 39073

What to Bring

-Sleeping Bag

-Pillow

-Toiletries

-Bible & Pen

-Notebook

-Towel

-Clothes:

Jeans, Shorts,

Shoes & Socks

Jacket (Cold / Rainy)

T-shirts

Athletic gear (free-time activities)

-Flashlight

-Water-bottle

-Bugspray

-Extra money for snacks or souvenirs

-Set of dark clothes for night games (or Camo clothes)

-Money for 2 travel meals

First Presbyterian Church – Baton Rouge Liability Release Form

Participant Name			
Address	City	State	Zip

As a participant or parent / guardian of above minor child and participant in the programs or events of First Presbyterian Church of the City of Baton Rouge I do hereby release, forever discharge and hold harmless it, and its agents, employees, officers, directors, pastors, trustees, volunteers and insurers (collectively "FPCBR"), from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses arising at or out of such events.

This release covers any and all transportation or drivers provided by FPCBR who are properly licensed to drive, whether driving church owned vehicles or privately owned vehicles. This release also covers meetings on the FPCBR property or any other site during programs and activities.

I further consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, agree to pay all costs and expenses associated therewith.

Check here if you give FPCBR permission to publish and print, electronic, or video format the likeness or image of your child. By not checking this box, you release all claims against FPCBR with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Participant's Insurance

Insurance Company:				
Policy Number:				
Known Allergies / Medication / Medi	cal Problems:			
Name of Parent / Guardian				
Address	City	State	Zip	
Emergency Contact	Phone			
Signature of Parent / Guardian		D	ate	
Staff Signature:				