



CROSSROADS WILD WEEK

June 27-29, 2022

WHAT? - A wilderness extravaganza with your XROADS pals. We'll be riding bikes, climbing rocks, hiking on the LHHT, hitting the famous Blue Hole natural waterslide and sleeping in the great PA wilderness. We'll head home Wednesday after our adventure.

WHEN? - June 27 -29, 2022. Meeting at St. Paul's at 8am on June 27.

WHO? - Anyone grades 9-12. This is a physically demanding trip. If you sign up we assume you're able to confidently ride a bike long distances. Sleep outside. Hike far distances with a pack on your back and swim.

Any questions? Contact Rhea 540-333-4868.

HOW MUCH? - Cost for this trip is \$30 which covers transportation, lodging, and food.

WHAT SHOULD I BRING?

- Bible, notebook, pen
- Flashlight
- Rain jacket
- Sweatpants and sweatshirt
- Hammock and straps if you want
- A lawn chair
- Water bottle
- Bike shorts (or padded liner shorts)
- Bike (we have some to loan you if you need)
- Bike Helmet
- Sleeping bag
- Pillow
- Sunscreen
- Bug spray
- Swimsuit (one piece for girls)
- 4 changes of clothes
- Towel
- Medication with instructions for leaders
- Signed permission slip

CROSSROADS RETREAT PAYMENT SLIP

Please return this slip with your child's retreat payment. This helps us keep accurate records as we prepare for the trip.

Child's Name: _____

Grade: _____

Parent Phone: _____

Total Amount Due for Wild Week = \$30

Balance (\$30) due May 15.

Please select:

- I would like to discuss scholarship options for my child. Please have Rhea call me at the phone number listed above.
- I have enclosed the **full balance** for the trip.
- I have enclosed the full balance for the trip as well as an **additional** donation for the scholarship fund.

* My donation amount is: \$ _____

Payment Enclosed: \$ _____

Date Submitted: \$ _____

**If you wish to make an additional contribution, it will be added to the Crossroads scholarship fund to help make these trips accessible for all students.*

Crossroads Permission Slip

Student Name _____ Phone _____

Address _____

City/State/Zip _____

I give permission for my child to join Crossroads Youth Ministry for Wild Week. I understand that my child will be traveling by bicycle through both busy and remote sections of road and trail. I also understand that my child will be rock climbing and participating in water activities. I understand that these activities all come with inherent risk and accept those risks.

I hereby release Crossroads Youth Ministry and St. Paul's Presbyterian Church, its staff and sponsors, for responsibility and liability for any injury or illness that my child may sustain during this activity. **Initial:** _____

In the event of an emergency, I hereby authorize the 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 where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent Signature

_____ Date _____

Allergies _____

Pertinent medical concerns

Emergency Contact:

If I am unable to be reached, I give permission for the following to be contacted. They have my authority to give permission for medical care and treatment.

Contact #1

Name: _____

Phone: _____

Relationship: _____

Contact #2

Name: _____

Phone: _____

Relationship: _____