



Lake Mead Christian Ministries exist to make disciples of Jesus Christ through education and community.

MS WINTER CAMP PARENTS INFO PACKET

***Please read through.**

LEADERS

Brad Blakeley: 702-497-7514
Janessa Holway: 702-533-5362
Lillie Haffey: 702-420-9017
TBD

SCHEDULE

Friday (The bus will be parked near the North Terrace. You can put your bag on the bus!)

- 6th Grade (with your bags) meets in S. Campus courtyard after lunch awaiting for pickup.
- 7/8th Grade (with your bags) meets Lillie at N. Campus Terrace after lunch awaiting pickup.
- Depart from N. Campus at 1:00pm.
- Arrive at UCYC Camp at 7:00pm (Arizona is an hour ahead of us).

SCHEDULE CONT. BELOW



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JR. HIGH WINTER CAMP SCHEDULE

Friday Night

7:00 – 8:00pm	Check in at The Willows
8:30pm	Leaders' Meeting in Chapel
9:30pm	Opening Session in Summit Lodge Pizza and Small Groups in Cabins
12:30am	Lights Out

Saturday

8:30am	Breakfast
10:15am	Session 2 in Summit Lodge Church Groups
12:45pm	Lunch
1:45pm	Leaders' Meeting in Chapel
2:30pm	Afternoon Activities
6:00pm	Dinner
7:00pm	Session 3 in Summit Lodge Church Groups
9:45pm	Late Night in Summit Lodge
11:30pm	Back to Cabins
12:00pm	Lights Out

Sunday

8:30am	Breakfast & check out
9:45am	Final Session in Assembly Hall
10:45am	So Long Winter Camp!





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Sunday

- 2:30 Stop for lunch- **Bring your own money for meal.**
- 4:00 Arrive at N. Campus LMCA.

PACKING LIST

Bring

- Warm clothes (Long sleeves, sweats, pants, etc.)
- Winter jacket
- Umbrella and/or poncho
- Extra shoes
- Gloves
- Hat
- Sleeping Bag
- Pillow
- Toiletries (**Please bring towel for showers**)
- Flashlight
- Bible
- Notebook
- Pen
- Spending money, recommended: \$20 - \$40 (gas station on the way up, camp store, in-n-out on the way back)

Don't Bring..

- Cell phone
- Gaming systems
- iPod/mp3 players
- Any tobacco products
- Alcohol
- Drugs & paraphernalia
- Firearms or weapons of any kind
- pets or other animals



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***We want to provide a weekend free from the constant demands of technology and retreat together. We will be collecting cell phones (turned off) before students get on the bus. They will be kept safe in a box on the bus. Any communication with your child can be had at any time by contacting any of the leaders above.**

Follow us at @LakeMeadStudents on both Instagram and Facebook. We will be posting photos and videos all trip long!

WEATHER CONDITIONS

58 High 31 Low, Expecting Rain (Maybe Snow)

MEDICATION

Parents, please contact **Lillie** if your student will be bringing medication. She will be collecting your student's medication before they get on the bus. She will be turning the medication into camp staff. Your student will be called upon every time they need to take their medication. They must be in the original prescription container.

**See you Friday! Bring your bags to school.
6th grade students: I will email your teachers on where you will put them.**

***SIGN WAIVER BELOW, SCAN AND EMAIL TO STUDENTMINISTRY@lmca.org or turn into front desk on the North Campus (655 E. Lake Mead Pkwy)**



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6th- 8th Grade Winter Camp, Prescott, AZ January 18th - January 20th, 2019

I give _____ (student) permission to attend the middle school winter camp in Prescott, AZ from January 18th-20th, 2019.

I, the undersigned, as a participant at Lake Mead Christian Academy do understand that in consideration of Lake Mead Christian Academy, I do release them, their officers, agents, coaches or employees from all liability demands or claims for loss, damage, or injury resulting from participating in or setting up of all activities. I recognize and understand that activities may occur that require I be in good health and good physical condition. Recognizing and understanding this, I warrant and declare that I am. I also acknowledge that Lake Mead Christian Academy has urged me to undergo a physical examination with a doctor of my choice before participating in athletic activities that may occur at certain events. I also understand that participating in or observing any Lake Mead Christian Academy activity which may include physical activity has a risk of injury or accident due to unforeseen conditions.

I absolve and agree to hold harmless Lake Mead Christian Academy, its employees, officers, agents, or coaches from any liabilities, which may result from myself or that of any minor in my legal custody participating in the above activity. If the participant is a minor, I also give my permission for his/her participating in any activities and for any necessary emergency medical treatment.

I also give Lake Mead Christian Academy permission to consent to medical/health care treatment for my child in the area of Medical/ER treatment including surgery or dental care.

Student's Name _____ Homeroom Teacher: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact (other than parent or guardian listed above):

Name: _____ Phone/Cell: _____