

# Garrison's Camp Trip

**MONDAY 10:00am –  
THURSDAY @3:00pm**

Two choices:      June 3rd – 6th  
   Or  
   June 10<sup>th</sup> – 13<sup>th</sup>

Cost: \$150 – to Rock Brook Church  
      + \$25 cash lunches and snacks

What are we doing?

Work, Work, Work

Scraping, sanding, staining, studying,

Splitting, spraying, scrubbing, swimming . . .

Requirements:

Active in a small group

Actively serving on a Dream Team

Contact Information:

Andrew Walter 816-739-9216

[awalter@rockbrook.org](mailto:awalter@rockbrook.org)



# WHAT TO BRING

Clothes: Athletic Shoes

Clothing for 4 days and a few changes in-between.

Shorts and T-shirts *Be ready to get dirty*



Swimming Suit and Swimming Shirt

Light jacket and a pair of jeans

Sun Glasses

Sun Screen

Bug Spray

Toiletry supplies: Towel, washcloth . . . Anything you need to get ready in the morning considering you are going to sweat in anything you put on!

Which also means you will need plenty of **deodorant**.

## BEDDING: PILLOW & SLEEPING BAG

Plastic bag for dirty clothes

Medications: Antihistamine, Tylenol, Aspirin, Allergy stuff, Alka-Seltzer, Tums, Candy Bar for low blood sugar and grumpiness, B-Vitamin for achy muscles, Pantothenic Acid for air pollutions, Anti-Diarrhea, Anti-Constipation, Pepto-Bismol Nyquil, Dayquil, Sudafed, Nasal Spray, Foot Spray, Odor Eaters, Breath Mints, Q-Tips...

**CELL PHONES: Cell phones will be kept by an adult leader. There will be specific times they can be used. They will not be used in the vans while on our trip, or during the day while**



**we are working at camp.**

# What Not To Bring

**ABSOLUTLY NO  
HEADPHONES**



No Personal Electronic Devices:

Large format Gaming Equipment Just won't be possible on this trip. There will be other times.

No Other: RV

Quad Vehicle  
Motorcade  
Boat  
Live animals

Legality: Do Not Bring

Alcohol, Tobacco, or Firearms

ANY GUNS, LARGE KNIVES

ILLEGAL DRUGS, CIGARETTES

OR LIQUOR

# Just To Make It Clear

## GOOD LIVING DIRECTIONS FROM ANDREW WALTER

There will never be an instance where there is a **boy** and a **girl** alone together separate from the group.

If a **boy** and **girl** are alone together they will be barred from further events

On Youth trips there will not be a time when there will be a youth **boy** and a youth **girl** together alone unless they are married and I was in the bridal party.

If someone finds a **boy** and a **girl** alone together, even if they are on opposite sides of a room, the person who finds them is not in trouble. The **boy** and **girl** who were in a room alone together are in trouble. The person who found them has done nothing wrong and will not be subject to ridicule or abuse.

Do not get caught in a situation where you are alone with someone from the **opposite sex**. You must not even have the appearance that you were, are, or are about to be alone with someone from the **opposite sex**.

Should you find that you are in a room alone with someone from the opposite sex **GET OUT!**

It is better for you to excuse yourself from what you are doing than suffer the consequences of being alone with someone from the **opposite sex**.

If you still do not understand this and are found with someone from the **opposite sex** while on the trip, it would be better for you to be left at the bottom of Lake Geneva. Please do not be the person that I use as a bad example for the trips yet to come.

**DO NOT BE ALONE WITH SOMEONE WHO IS NOT YOUR GENDER**

If you are a **BOY** you can not be alone with a **GIRL**

If you are a **GIRL** you can not be alone with a **BOY**

# COMMITMENT

I \_\_\_\_\_ fully understand the rules of what to bring and what not to bring on the mission trip.

I understand that I can not bring or purchase headphones on this trip.

I understand I can not keep my cell phone with me on this trip.

I will not be alone with a person of the opposite sex or have the appearance of being alone with a person of the opposite sex.

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Student's Signature

DATE



# Rock Brook Summer Ministries

## DISCIPLINE, LIABILITY, MEDIA, AND MEDICAL RELEASE FORM

CIRCLE ONE:    ADULT            STUDENT

(A copy of this form must be presented for every person (students and adults) attending the Summer Ministries Program. NO EXCEPTIONS.)

(Please print clearly)

Name: \_\_\_\_\_ Gender:    M    F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of parents, or legal guardians:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact #s:

Relationship:

\_\_\_\_\_  
\_\_\_\_\_

List of known allergies: \_\_\_\_\_

\_\_\_\_\_

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List of medications currently taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in the Rock Brook Youth Summer Ministries Program. The student identified on this form understands that all students are expected to abide by the program rules and are responsible to the Rock Brook Student Leadership staff. I understand that, because of misconduct and/or disobedience, The Rock Brook Church Leadership may require a student to leave the program. In such an instance, I will assume full responsibility including financial implications for getting my student home.

I do release and hereby agree to hold blameless Rock Brook Church and all its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the Rock Brook Church or Inspiration Ministries.

I do authorize the minister or sponsor of this activity or any Rock Brook volunteer, in the event that I cannot be reached, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume full financial responsibility for any expenses that may be incurred for said emergency treatment. Further, I do certify that that the student listed on this form is covered by adequate accident insurance.

I do give Rock Brook Church permission to use photos, video, and media taken at this program in promotional materials.

My consent and signature is given below. I have read, understand, and agree to the information given in this form.

\_\_\_\_\_  
Printed Name (of parent or legal guardian)

\_\_\_\_\_  
Signature (of parent or legal guardian):

Date: \_\_\_\_\_