

July  
19-22



Differently  
Awesome

\$40

Sunday - Wednesday  
11am-10:45pm  
Worship. Small groups. Recreation



**Speaker:**

**Ryan Young:** Find information about Ryan at [The516Movement.com](http://The516Movement.com)

**Band:**

**Blanchard First House Band**

**Schedule:****Sunday:**

Worship – 10:30am Service at Blanchard First

Lunch – 12:00pm

Rec – 1:15

Clean-up (Everyone goes home to clean-up) – 5:00

Dinner – 7:00

Worship – 8:00

“LateNight” – 9:30-11:00

**Monday-Tuesday:**

Worship – 11:00am

Lunch – 12:30pm

Rec – 1:15

Clean-up (Everyone goes home to clean-up) – 5:00

Dinner – 7:00

Worship – 8:00

“LateNight” – 9:30-11:00

**Wednesday:**

Worship – 11:00am

Lunch – 12:30pm

Roadtrip!!! (HeyDay & Falls Creek Roadshow @FBC Choctaw) – 1:30-10:15

**Daily Themes:** Dress up to earn points for your Family Group!

**Sunday:**

Santa Sunday! It’s Christmas in July... Let’s Celebrate!

**Tuesday:**

Team Tuesday! Rep your team pro or not!

**Monday:**

‘Murica Monday! Red, White, and Blue baby!

**Wednesday:**

Falls Creek Flashback! Rock your favorite FC gear from the past.

**Awesomely Different 2020 Student Release and Waiver of Claims Form Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Grade this Fall: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does camper have any known allergies or is camper unable to take any medication?

**Yes No** (Please circle one.) If yes, What? \_\_\_\_\_

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? \_\_\_\_\_

For what reason? \_\_\_\_\_

3. Please List any other medical condition(s) that would be helpful to know: \_\_\_\_\_

\_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. The above named child has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_ Name on Policy: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mailing Address for Claims (see back of insurance card): \_\_\_\_\_

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

6. Does the insurance company require notification prior to emergency care? **Yes No** (Circle one.)

If yes, phone number: \_\_\_\_\_

**Please continue to the back or adjoining page. All forms MUST be fully completed.**

**Awesomely Different 2020 Student Release and Waiver of Claims Form Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)**

**I understand that it is the responsibility of Blanchard First to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.**

My child \_\_\_\_\_ will be attending Awesomely Different 2020. In the event that my child should need emergency medical care or attention, Blanchard First leadership, or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

- If such emergency care is provided, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that Blanchard First will not be obligated to pay either the health care professional or me for any medical expenses incurred.
- There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that Blanchard First is not responsible for the action of these third-party contractors. I further agree that Blanchard First is not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.
- I understand that the risk of injury from recreational activity is significant, including but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.
- Furthermore, in consideration of my child being allowed to attend Awesomely Different, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless Blanchard First, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against any and all causes of action, rights, claims or suits which I or my child may have against Blanchard First or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities during Awesomely Different, and (2) injuries arising from the decision of the leadership of Blanchard First, or any of their agents or employees to consent to the provision of emergency medical care to my child.
- I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.
- I give authority and permission to Blanchard First, and any of their staff or agents to inspect my child's belongings while at Awesomely Different.
- I understand that Awesomely Different is a camp where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their time at camp.

Parent Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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