

Epic 2012

We thank God for making Epic 2011 a great success. More than 300 students and home church leaders gathered for a week of fellowship in southern Michigan. We had fun, we heard from the Lord and several students met Christ! We had our share of challenges but in the end we left Epic 2011 thanking God for what he achieved.

As a result, we have decided to make Epic an annual part of the Xenos high school ministry. We are excited to see what God will do through Epic in the coming years.

Epic 2012 will feature many improvements including:

1. We will be going to Spring Hill Camp in Seymour Indiana (<http://www.springhillcamps.com/in/>). Spring Hill represents a significant upgrade in facilities.
2. In addition to the general daily activities, students will be able to participate (for an additional fee) in activities such as zip lines, horseback riding, high ropes course, etc.
3. Commercial bus transportation will be provided for all participants.
4. We are adding an additional day making Epic 2012 a 6 night event as compared with 5 nights in 2011.

Epic 2012

What You Need To Know

- **Location** – Spring Hill Camp Indiana, 2221 W. State Road 258 Seymour, IN 47274 (Approximately 3.5 hours drive from Columbus)
- **Dates** – Saturday July 28 – Friday August 3
- **Depart** – 7 am Saturday July 28, Building X, Community Park Dr., 43229
- **Return** – 2 – 3 pm Friday August 3, Building X, Community Park Dr., 43229
- **Transportation** – Students will be provided with round trip transportation via chartered commercial buses.
- **Meals** – 3 meals will be provided each day and snacks will be provided in the evening.
- **Eligibility** – All students who will be enrolled in high school in the fall of 2012 and those students who are graduating in the spring of 2012 are eligible to attend Epic. Students do not have to attend Xenos in order to attend Epic (in fact we are hoping that large numbers of students who don't attend any church will come to Epic with their Xenos friends).
- **Costs** - \$375 per student.
- **Discounts** -Epic fees will be discounted for families who have more than one student attending Epic and/or Blow Out Camp.
 - If you are sending a child to Blow Out Camp, the discount applies to the fee for Epic. The Blow Out Camp fee will be full price and Epic campers will pay discounted fees as described below.
 - 2nd student \$355
 - 3rd student \$335
 - 4th or more student \$315
- **Financial Aid** – A limited amount of financial aid is available to those families who are unable to pay the full fee. To request financial aid please complete the included “Application for Financial Aid” form
- **Registration Deadlines** – We believe the camp will fill up quickly. Registrations will be accepted on a “first come-first served” basis. Any registration accepted after June 1 will be subject to a \$50 per student surcharge.
- **Deposit** – A \$50 non-refundable deposit must accompany each student's completed registration form.

Epic 2012 What to Bring

Bedding

Sleeping Bag
Sheets / Blanket
Pillow

Clothing

Underwear (daily change)
Socks (daily change)
Shorts
Sweatshirt/ Sweater
T-shirts (daily change)
Jeans / Sweat Pants (2 pair)
Long Sleeve Shirt
Light Jacket / Coat
Raincoat
Pajamas
Swimsuit
Shoes / Hiking Boots
Sandals / Shoes that can get wet
Hat / Baseball Cap

Toiletries

Shampoo
Soap
Toothpaste & Toothbrush
2 Towels
Washcloths
Insect Repellent
Sunscreen
Sunglasses
Water Bottle

Miscellaneous Items

Bible
Pen/Notebook
Flashlights
Camera /Film (disposable type is best)

Not Recommended

Electronic Games
MP3 Players
Food / Candy
Cell Phones / Pagers (including Camera Phones)
Digital Cameras

Not Tolerated

Knives / Weapons
Alcohol / Drugs

Epic 2012 Registration

Registration Deadline Is June 1. After June 1 there is a \$50 per student surcharge.

Register early, spots are limited.

| | | | |
|--|-------------------------------|-------------------------------|---------------------------------|
| Student name: | | | |
| | | | |
| Parent names: | | | |
| | | | |
| Home address: | | | |
| | | | |
| City: | | Zip Code: | |
| | | | |
| Home phone: | | | |
| | | | |
| Parent cell: | | Student cell: | |
| | | | |
| Parent email: | | Student email: | |
| | | | |
| Emergency phone numbers: | | | |
| | | | |
| Birth date: | | | |
| | | | |
| Grade Fall 2012: | | | |
| | | | |
| High school home church name (if any): | | | |
| Friends going to Epic if not involved in a Xenos home church: | | | |
| | | | |
| Preferred communication method: Email or Postal Mail | | | |
| | | | |
| Epic 2012 Fee (circle applicable fee): | | | |
| | | | |
| <u>1st Student</u> | <u>2nd Student</u> | <u>3rd Student</u> | <u>4th + Student</u> |
| \$375 | \$355 | \$335 | \$315 |
| | | | |
| Make checks payable "Xenos Christian Fellowship" | | | |
| | | | |
| Return completed registration forms to: | | | |
| Xenos Christian Fellowship | | | |
| Attn: Epic 2011 | | | |
| 1340 Community Park Dr. | | | |
| Columbus, OH 43229 | | | |

Epic 2012 Application for Financial Aid

| | | | |
|--|--------|---------|----------|
| Student Name: | | | |
| | | | |
| Xenos Home Church (if any): | | | |
| | | | |
| Parents Marital Status | Single | Married | Divorced |
| | | | |
| Names and ages of siblings living at home (under 18): | | | |
| | | | |
| Please explain your family situation and why you believe you should receive financial aid: | | | |
| | | | |

Epic 2012 Medical Information/Release Form

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____ Date of Birth _____ Gender _____
City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

| | |
|---|--|
| <u>Person to Contact First</u> Name _____ Relation to Participant _____ Daytime Phone _____ Evening Phone _____ E-mail _____ Name of Family Doctor _____ Name of Dentist _____ | <u>Backup Contact (Relative or Friend)</u> Name _____ Relation to Participant _____ Daytime Phone _____ Evening Phone _____ E-mail _____ Office Number _____ |
|---|--|

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that neither Spring Hill Camp nor Xenos Christian Fellowship carries any health insurance for you. _____

** If yes, provide the following information which is required by Xenos Christian Fellowship to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____
Insurance Company Name _____
Policy # _____ Plan # _____

HEALTH INFORMATION (Please Print)

Does the student have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Is your student currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

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Date of last tetanus shot (approximate if necessary): _____

Epic 2012 Medical Information/Release Form

I give permission for my son/daughter, _____, to be transported to and from and to participate in Epic 2012. Most adult chaperones are volunteers (not on Church staff) from Xenos Christian Fellowship.

I understand that in spite of the best and focused efforts of these volunteer adult chaperones to provide a safe and healthy environment for my child, circumstances may arise leading to unintentional injury or losses on the part of my child. I release Xenos Christian Fellowship and their agents from all claims and expenses arising out of, or resulting from, my child's participation during this event.

I give permission for any medical personnel to render necessary emergency medical care for my child if I can't be reached or if my child needs immediate medical attention.

Signature of parent or guardian:

Date:

Printed name of parent or guardian:

Epic 2012 Medicine Release Form

Student Name: _____

I authorize the medical personnel to administer the following medications to my child as needed and directed:

- Tylenol/acetaminophen Y/N
- Advil/ibuprofen Y/N
- OTC cold/allergy medications Y/N
- Epi pen Y/N
- Other: _____

I authorize my child to possess and self-administer the following medications:

Parents Signature: _____

Date: _____