

# JUMPSTART 2009

**EVENT: 7<sup>TH</sup>-GRADE ADVENTURE TO SENECA HILLS**

**DATE and TIMES:**

**Wednesday, August 26**

- leaving from school about 8:45

**Friday, August 28**

- leaving Seneca Hills in the mid-afternoon
- ready for pickup back at CVCA between 4:45 – 5:00 (at the front circle)



**TRANSPORTATION:** Buses or vans provided by CVCA

**CHAPERONES:** (1) CVCA faculty and staff

(2) Parents **\*\*\*We need a few additional parents to chaperone.**

**Please, ASAP, complete the application and reference form found at [www.cvcaroyals.org](http://www.cvcaroyals.org) under JUMPSTART—(even if you have already told me of your interest in being a chaperone!) Due to the time it takes to meet the fingerprinting requirements, it is important to return this by July 15<sup>th</sup>.**



***In the event that you would need to contact SENECA HILLS, their number is (814)432-3026.***

Any medication that needs to be sent with your child for the trip will be collected on the morning of August 26. Please put prescription bottles in a zip-lock bag, clearly labeled with your student's name and directions for administering.

**Please detach and return the bottom half of this form by WEDNESDAY JULY 18.**

Student's Full Name: \_\_\_\_\_ **Prefers to be called:** \_\_\_\_\_

**T-shirt size:** (circle one) **Youth: Large** or **Adult: S M L XL XXL**

Date of most recent tetanus shot? \_\_\_\_\_

I have read and understand the information about the JUMPSTART Retreat. I will act appropriately, knowing that my behavior is a reflection of Christ, CVCA, and myself.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- Please check and return:
- \_\_\_\_\_ (1) Lower half of this camp information slip (with student signature)
  - \_\_\_\_\_ (2) Check for \$85
  - \_\_\_\_\_ (3) The completed Activity Participation Agreement for CVCA
  - \_\_\_\_\_ (4) The Seneca Hills Participant Info and Release of Liability form
  - \_\_\_\_\_ (5) If desired, a donation to CVCA to offset additional expenses  
A receipt will be mailed.
  - \_\_\_\_\_ (6) The medical information page has already been completed and submitted with my student's application for CVCA admission.  
will notify CVCA in the event that there would need to be any changes made to this information.