

MISSION SERVE 2012

Cherokee, NC - June 23-30, 2012

Information: The 2012 mission trip will be taking us to Cherokee, NC. This is a Youth Construction Project which means we will be using construction as a bridge to share our faith in Jesus Christ.

Requirements: Everyone who has completed the 6th grade or higher may participate. Each person attending must 1) complete 5 hours of local missions prior to departure. This may include mission projects which Polkville Baptist Church schedules or mission projects done on your own. Those done on your own must be approved by Dale in order for them to count. 2) complete the pre-project study.

Sign-up / Deposit: Each person desiring to participate in Mission Serve must **submit the following to Dale by January 18, 2012** in order to secure your spot for the project.

1) Registration Form 2) Medical Permission Form 3) Parental Agreement Form 4) Participant Form with Copy of Insurance Card

*****Do not sign forms that require a Notary Signature. Turn in unsigned and we will notarize them at a later meeting.**

Cost: Below is a breakdown of the total cost per person for Mission Serve - Elyria, OH. Each person is required to raise the money to pay for they mission trip or pay for the trip out-of-pocket. We will be doing fundraisers to raise money for this trip. You will earn money by working at the fundraisers. The money you earn working for this mission trip will be applied to an ongoing account set up for you. If you raise the full amount of the trip, then you will not have a balance to pay, but if you fail to raise the full amount you will pay the balance due.

Mission Serve Cost.....	\$250.00
Travel, Lodging, Meals, & Entertainment Expenses	\$140.00
Total Cost for Mission Serve	\$390.00

Cancellation Policy: Cancellations between January 30 and April 22 must pay a \$50 cancellation fee to cover the Non-Refundable deposit that was sent to Mission Serve on your behalf. Cancellations after May 20 are responsible to pay Polkville Baptist Church the \$250.00 which is the total amount PBC will have paid Mission Serve.

**MISSION SERVE 2012 - CHEROKEE, NC
REGISTRATION FORM**

In order to sign-up for Mission Serve 2012, return this form to Dale by January 18th along with your:

- 1. Registration Form*
- 2. Completed Medical Permission/Release Form*
- 3. Completed Parental Agreement Form*
- 4. Completed Participant Form w/ Copy of Insurance Card*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Grade completed as of June 2012: _____

Birth date: _____

T-Shirt Size: (Circle One)

Small Medium Large XL XXL

Parent's names: _____

Father's work phone: _____

Father's cell phone: _____

Mother's work phone: _____

Mother's cell phone: _____

Event description: Mission Serve 2012 – Cherokee, NC

Dates: June 23-30, 2012

MEDICAL / PERMISSION AND RELEASE FORM

Name _____ Birth date _____
Address _____ Zip _____
In case of emergency notify _____ Phone # _____
Family Physician _____ Phone # _____

Insurance Information:

Provider _____ Group # _____ Policy # _____

Medical Information:

Medical Conditions to be aware of: _____

Allergies: Food: _____ Drugs: _____
Insects or other _____

Medications: (Please list each medication, the dosage, and the time(s) to be taken)

Dietary concerns: (Please list) _____

Authorization for Treatment / Release of All Claims:

I the undersigned do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending hospital or physician to administer medical care if deemed necessary by a Polkville Baptist, Inc. staff or chaperone and the physician or hospital during the trip. I the undersigned do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the staff and chaperones of Polkville Baptist, Inc. from any and all claims and demands for personal injury, sickness, and death as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility of all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

---Please complete and sign below (students under 18 years of age requires parent/custodial signatures)---

Participant's signature: _____ Date: _____

Father/Custodial Parent Signature: _____ Date: _____

Mother/Custodial Parent Signature: _____ Date: _____

Notary Public

On this date the person(s) who are signed above personally appeared before me, being known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date _____.

Notary Public: _____ Notary Public Signature: _____

My commission expires _____.

PARENTAL AGREEMENT FOR TRIPS/EVENTS

Trip/Event Description: Mission Serve 2012 – Cherokee, NC

Trip/Event Dates: June 23-30, 2012

Dear Parent/Guardian,

The purpose of this document is: 1) to communicate to you the expectations of your youth while away on a trip/event with Polkville Baptist and 2) to inform you ahead of time as how things will be addressed in the event of inappropriate behavior. Please discuss these expectations with your youth. Thank you very much for your support in the Polkville Baptist Youth Ministry.

Trip/Event Rules:

- 1) We represent Jesus Christ and Polkville Baptist Church, therefore actions and attitude should be appropriate so as to make Polkville Baptist, but more importantly Jesus Christ, proud.
- 2) Clothing should be appropriate. No questionable advertisements or slogans and all clothing should not be revealing so as to draw attention or be a distraction.
- 3) Tobacco use is forbidden on church vehicles, in Hotels or other lodging facilities, and at most conferences/events. If tobacco use is an issue for your youth, please have them discuss it with Dale prior to departure. Please understand, in most cases tobacco use will not be permitted due to the trip guidelines.
- 4) Pranks and jokes can be hurtful therefore they will be monitored. If pranks and jokes become a hindrance to the trip/event, they will be addressed and stopped by those in charge on the trip/event.
- 5) Inappropriate language will not be tolerated.
- 6) Cell phones are to remain turned off except during free time. If phones become a distraction, they will be taken up and returned upon returning home.
- 7) Absolutely no alcohol or drugs will be tolerated.
- 8) Inappropriate affection between individuals will not be tolerated.
- 9) Be sensitive to how the Lord is leading.
- 10) Have fun!

Inappropriate behavior will be addressed in the following ways:

- 1) Those in charge on the trip/event will address minor behavior problems and the behavior will be expected to cease. Behavioral issues that fall under Rules 2-5 will normally fall under the minor behavior problems category.
- 2) The minister in charge or a chaperone appointed by the minister in charge will address major behavior problems. Behavioral issues that fall under Rules 7-8 will normally fall under the major behavior problems category. Major behavior problems will be addressed in the following manner:
 - a) If there is a major behavior problem that can be addressed and resolved while on the trip/event, the behavior problem will be address and depending on the circumstances, the parent(s) will most likely be notified.
 - b) If a major behavior problem occurs that cannot be addressed and resolved while on the trip/event, you the parent will be called to come get your youth or to make appropriate arrangement to have your youth transported home. Hopefully this will never have to take place, but this will be the only option if there are cases of inappropriate sexual behavior or alcohol/drug issues.

By signing below I am stating that: 1) I have read and understand the expectations of my youth while away with on a trip/event with Polkville Baptist. 2) I understand how inappropriate behavior will be addressed. 3) I have discussed the Rules and the consequences with my youth.

Youth Participant's Name: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature / Date: _____

Return to Dale prior to departure



PARTICIPANT FORM

Note: All Mission Serve/Serve 365 participants and leadership must complete this form to be eligible to participate in a Serve Management Group (MS) Project. Students under 18 years of age must have the signature of a parent and the form notarized. **ALL SELECTIONS MUST BE COMPLETE FOR ELIGIBILITY.** Group leaders are responsible for submitting this entire form to MS at the project. Please have each member of your group complete a participation form, make a copy for your files and bring the original with you to the Project.

Please Print Legibly

Participant Information

Name (Last) _____ (First) _____ Date of Birth ___/___/___ Age _____ Sex _____ Grade completed _____
Home Address _____ City _____ State _____ Zip _____
Phone _____ email address _____
Your Church _____ Address _____ City _____ State _____ Zip _____
In Case of Emergency, contact (must be a family member – list 2):
Name _____ Cell # _____ Day # _____ Night # _____
Name _____ Cell # _____ Day # _____ Night # _____

Project Location: _____ Project Date: _____

Medical Profile

Generally, my health is: (Check one) Excellent Good Fair Poor
If **Fair** or **Poor**, please explain your condition: _____
List any medical difficulties for which you are CURRENTLY being treated: _____
List any medication you are CURRENTLY taking: _____
List any medicines or substances to which you are ALLERGIC: _____
Family Physician: _____
Physician's Address: _____
Date of **Tetanus Immunization** ___/___/___
Insurance Company: _____ Policy or Group #: _____
(Attach copy of insurance card)
Address (City, State, ZIP): _____
Subscriber Name: _____ Subscriber Number: _____
Place of Employment: _____ Subscriber Occupation: _____ Work Phone: _____

Authorization for Treatment/Release of All Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Mission Serve, Inc. Project Coordinator and the physician or hospital staff during the Mission Serve, Inc. Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Mission Serve, Inc. from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give MS the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the MS Project,

--- Please complete and sign below (students under 18 years of age requires parent/custodial signatures) ---

Participant's signature: _____ Date: ___/___/___
Father/Custodial Parent Signature: _____ Phone: () _____ Date: ___/___/___
Mother/Custodial Parent Signature: _____ Phone: () _____ Date: ___/___/___

Notary Public (FOR PARTICIPANTS 17 YEARS OF AGE AND YOUNGER)

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (___/___/___).

Notary Public
My commission expires ___/___/___.