

# Micah 6:8

## Pilgrim Lutheran Brethren Church Youth Group

### Camping/Service Project Trip June 5-7, 2018 Akron, OH

“He has shown you, O man, what is good.  
And what does the Lord require of you?  
To act justly and to love mercy  
and to walk humbly with your God.”

**SERVICE OPPORTUNITY:** We have the privilege of partnering with “Haven of Rest” homeless ministry in Akron. We will serve with the staff of “Haven of Rest” all day on Wednesday. Our work will include cleaning, sorting food, sorting clothing, yard work and anything else they ask us to do. The purpose of this trip is to open our eyes and our hearts to new situations, relationships and communities and to draw us closer to Christ. We hope to learn how to live out Micah 6:8 on this trip and back at home.

**CAMPING:** Jellystone Clearwater Park  
12712 Hoover Ave NW  
Uniontown, OH 44685  
<http://www.akroncantonjellystone.com>

**DEADLINE TO REGISTER:** May 20<sup>th</sup>. Please provide the following:

- PLBC Youth Medical Release & Permission Form
- Service Project Commitment Form
- \$60 check payable to Pilgrim Youth Group

**REQUIREMENTS:**

- **Completion of 7th grade**
- **A servant's heart and cheerful attitude**
- **Signed Service Project Trip Commitment Form**
- **Attend team meeting on May 24th at 6:00**
- **COST: \$60 Please make checks payable to "Pilgrim Youth Group"**

All meals will be provided. Bring money for the snack bar if you wish.



**SERVICE TRIP COMMITMENT**

I, \_\_\_\_\_, am committing to the "Micah 6:8" Service Trip to Akron, OH, June 5-7, 2018.

I will be faithful in fulfilling all of the requirements asked of me, including attending training meetings, completing all of the necessary forms and turning them in on time. Additionally, I will work hard to prepare my heart and body for whatever tasks may be assigned to me.

I understand that this trip is designed only for committed Christians who truly have a desire to share God's love. I know that this ministry requires maturity, a genuine spirit, sacrifice, a servant's heart, and a willingness to work hard. It will stretch me and push me outside of my comfort zone. I am willing to do whatever I am asked, and I am looking forward to seeing how God will change my life.

Because I am a member of a team, I will seek to pursue unity among my team members, and will set an example for others in my speech, life, love, and faith (1 Timothy 4:12). I willingly agree to adhere to all of the guidelines set forth by the adult leadership, and I will attempt to do everything without complaining or arguing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Parental Consent (please read carefully before signing):*

I have read the above commitment signed by my son/daughter. In addition, I have read the flyer and accompanying forms. As a parent, I will do my best to ensure that my son/daughter fulfills his/her responsibilities in preparation for the trip.

I understand the requirements set forth for this trip, and I will do everything to assure that my teenager fulfills his/her responsibilities in the coming weeks. If for any reason, he/she is unable or unwilling to fulfill any of these responsibilities, I will notify Julie Goodman as soon as possible.

My teenager, \_\_\_\_\_, has my full support to participate in the service trip to Akron, from June 5-7, 2018.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Effective dates: \_\_\_\_\_ to \_\_\_\_\_

**Medical Release & Permission Form**

Please print in ink

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_

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

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

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a -  
Good swimmer \_\_\_\_ Fair Swimmer \_\_\_\_ Non-swimmer \_\_\_\_
2. Does your child have allergies to -  
Pollens \_\_\_\_ Medications \_\_\_\_ Food \_\_\_\_ Insect bites \_\_\_\_  
If yes please include additional information \_\_\_\_\_
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
Asthma \_\_\_\_ Epilepsy / seizure disorder \_\_\_\_ Heart trouble \_\_\_\_ Diabetes \_\_\_\_  
Frequently upset stomach \_\_\_\_ Physical disability \_\_\_\_ Other: \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear: Glasses \_\_\_\_ Contact lenses \_\_\_\_
6. Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules

***Students who fail to comply with these expectations may be sent home at their parents' expense.***

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities sponsored by

Name of Student

Pilgrim Lutheran Brethren Church Youth Group (hereinafter the "Church") from: \_\_\_\_\_ to \_\_\_\_\_.

Date

Date

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

We are giving our consent to allow photos and videos taken of our child while at Youth Group events to be used and reproduced by Pilgrim Lutheran Brethren Church (PLBC) for promotional and educational purposes including PLBC's website and social media page(s).  Yes  No

Parent/guardian printed name: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_