

# Medical Release

By my signature, I, \_\_\_\_\_

the parent/guardian of \_\_\_\_\_

Grant my permission for him/her to participate in the activities of First United Methodist Church of Lake Jackson's Youth Ministry. I understand that by my signature I agree as follows:

1. I give permission for my child to travel from church property on youth related and sponsored activities.

2. I authorize any of the adult leaders to obtain any and all medical and/or dental attention and/or treatment for my child, including surgical procedures if advised by attending physician after attempting to contact parent or guardian.

3. I agree to indemnify youth and any adult leaders and volunteers for any damage they incur as the result of negligence or intentional acts of my child.

I have listed on the reverse side any and all special medical problems concerning my child and I state that I have been given the opportunity to discuss these problems with one or more of the adult leaders of the youth ministry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# What to Bring

- Bible, Pen, & notebook or journal
- Cot or air mattress & Sleeping bag/bedding
- Clothes:
  - Comfortable & modest clothes for freetime
  - Swimsuit & towels (girls must wear one-piece suits)
  - Work clothes - Jeans or old shorts, old t-shirts that can get dirty, no open-toed shoes or flip flops
- DEODERANT! And other toiletries
- Bring a roll of Toilet Paper
- One 12 pack of drinks and a family-size bag of chips or cookies
- Shower bag
- Sunscreen & sunglasses
- Flashlight with good batteries
- Personal Tool Kit
  - Work gloves
  - Hammer
  - Paintbrush (3-4 inch)
  - Paint Scraper
  - Goggles
- Drinking Cup/Water Bottle (labeled with name)
- Medications - Let Steve know what you're bringing.
- Optional:
  - Disposable Cameras/Waterproof, fishing gear, balls, Frisbees, etc.



# What Will We Do?

## Schedule

Mon

3pm - Load and Leave  
 Arrive @ Freeport FUMC, Set up camp & get instructions/jobs/split into groups  
 6pm - Dinner  
 7pm - Freetime, Fun activity, and Worship  
 11pm - Light's Out

Tues - Thurs

8am - Morning Devotional, Breakfast, Work Preparations/Make Lunches  
 9am - Work Projects, Sack Lunch  
 4:30pm - Showers  
 6pm - Dinner  
 7pm - Freetime, Fun Activity, and Worship  
 11pm - Lights Out

Fri

8am - Morning Devotional, Breakfast, clean Church  
 10am - Closing Worship  
 11am - Head home  
 11:30am - Arrive back @ LJ FUMC.

# Registration Info

## Cost per person:

\$150 (non-refundable)  
 covers food while we're there, transportation, lodging, supplies for work projects, and programming expenses.

Deadline: May 31, 2009

Donations will be accepted to help cover the cost of supplies for our projects. Both us and the people of Surfside will be greatly appreciative. Thank You!

**Want more info?**

**Call Steve: 979-415-4522**

# Freeport FUMC

After the devastation of Hurricane Ike, we felt like this was the perfect time for us to focus our mission efforts right here in our own backyard. There are plenty of ways we can help with hurricane recovery and how cool is it that God lets us be a part of His work?

We will still be staying away from home in another church so it'll feel like you're away in some fancy destination doing work for God. Only difference? No long van ride!!!



You guys are familiar with Surfside beach, and Freeport FUMC is very close. We'll be staying at the church in the same way that UM ARMY or Faith in Action does - guys in one part of the church and girls in the other. You'll need to bring cots or air mattresses with sleeping bags and bedding 'cause we'll be on the floor. We'll eat breakfast and dinner @ the church (except for one special night) and we'll take sack lunches to the worksite.

At night, after showers & dinner, we'll have some great fun activities and enjoy hanging out with each other. We'll also spend some time in worship each night reflecting on all that God has done and who He is.



# Medical Release

- Student: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/Zip: \_\_\_\_\_
- T-Shirt Size: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Cell: \_\_\_\_\_
- E-Mail: \_\_\_\_\_
- SS#: \_\_\_\_\_
- Birthdate: \_\_\_\_\_
- Grade: \_\_\_\_\_
- Parent: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_
- \_\_\_\_\_
- Phone: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Physician: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Indicate any Allergies, Special Conditions, Restrictions, or Medications: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Date Last Tetanus shot: \_\_\_\_\_
- Insurance Company \_\_\_\_\_
- Phone: \_\_\_\_\_
- Address: \_\_\_\_\_
- Group #: \_\_\_\_\_