

Stillwater 2010 Info

Dates: July 24-July 31
Place: Stillwater Ministries – Yoder, IN
Cost: \$100.00

What to Bring:

- Work Clothes, be sure your shoes are appropriate to work in
- Clothes for 7-8 days
- Swim suit – Girls, one piece please
- Towels
- Bedding – sleeping bag or sheets & blanket
- Toiletry items
- Alarm clock
- Spending money
- Money for 2 meals while traveling
- Bible, Notebook

*** All except your bedding must fit into one suitcase because of limited luggage space**

- Meet at the church at 9:00am Saturday the 24th
- We will return approximately 5-7:00pm Saturday the 31st. As we get close to home we will call with an ETA so you can meet the vans at the church.
- The specifics of our week there are yet to be determined. We could be doing work on the camp, going into the city to work with kids, or bringing them back to the camp for day camp or overnight camp. Be prepared for anything! God will do some great stuff.
- If you have questions, call Lewie at 797-5068 or e-mail at lewie@stillwaterministries.org
- We will do a few recreational things as time allows, but the focus is ministry to the kids of the inner city.

Stillwater Mission Trip Application 2010

I, as a mission team member, fully understand that I must comply with all rules of the mission trip and that my attitude with staff and team members is essential to maintaining the unity of the team.

Signed _____ Date _____

To Whom it May Concern:

The undersigned do hereby give permission for our(my) child _____ (herein the "individual") to attend and participate in the mission trip to Stillwater Ministries in Ft Wayne, Indiana (herein the "Activity") sponsored by Grace Evangelical Congregational Church (herein "Grace EC") from July 24th through July 31st 2010.

We (I) the undersigned do hereby authorize an adult, in whose care the minor has been entrusted, to obtain necessary medical treatment including, but not limited to, any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Grace E.C. Church.

For and in consideration of Grace E.C. Church allowing the individual named above to participate in the activity named above, and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself or herself, assigns, heirs and next of kin (herein the "Releasers"), release, waive, discharge, and covenant not to sue Grace E.C. Church and its officers, employees, and agents (herein the "Releasees"), from all liability to the releasers, on account of injury or death to the individual named above or injury to the property of the individual named above whether caused by negligence of Releasees or otherwise, while the individual is participating in the Activity.

The undersigned is fully aware of the risks and other hazards inherently in the Activity and is voluntarily participating in the Activity, and voluntarily assumes all risks of loss, damage, or injury that may be sustained by the Individual while participating in the Activity. The undersigned warrants that he or she has fully read and understands this medical and liability release agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

Parent or guardian signature _____ Date _____
(If under 18, otherwise sign for yourself)

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Name _____ M _____ F _____ Age _____

Address _____ Grade Completed _____

City/St/Zip _____ Birthdate ____/____/____

Phone(____) _____ Cell(____) _____

Contact Information

Parent/Guardian _____

Daytime Phone(____) _____ Evening(____) _____ Cell(____) _____

Alternate Contact _____

Daytime Phone(____) _____ Evening(____) _____ Cell(____) _____

Medical Information

List all allergies, physical problems or special needs:

Current Medications and Dosage _____

Date of Last Tetanus _____ Physicians Name _____

Phone(____) _____

Insurance Information

Insurance Company _____

Policy Number(Group # & Individual ID # _____

Insurance Phone Number(____) _____ (Please attach copy of front & back of Ins card)