

SUMMER 2022 – SUMMER YOUTH MISSION TRIP



JULY 17-23, 2022

HYDE PARK UMC, CINCINNATI, OHIO

Summer Impact Cincinnati is a week long (Sunday-Sunday) serving experience where we will work alongside ministries in inner-city Cincinnati participating in building projects, day camps, and other important projects in community with those who are experiencing homelessness, and food insecurities. Oh, and we're also going to Six Flags!

REGISTRATION FORM & MEDICAL RELEASE

Submit to Jennifer Lane at ced@mtpfumc.org

Student Name: _____

Youth Email: _____ Youth Cell Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Gender: M F O Current School Grade: _____

T-Shirt Size: ☐ XSM ☐ SM ☐ MED ☐ LG ☐ XLG ☐ XXL ☐ XXXL ☐ Other _____

Parents' Name(s) _____

Home/Parent Email: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Emergency Contact (other than parents) _____

Relationship: _____ Best Phone: _____ 2nd Phone: _____

Home Church: _____ Pastor: _____

YOUTH CODE OF CONDUCT

To ensure a positive Christian experience for everyone, each youth must read and adhere to the following expectations:

- Respect group leaders, other adults, peers, and facilities at all times.
- No possession or use of drugs (including alcohol or tobacco).
- No inappropriate physical touch or extended physical contact.
- No potentially harmful or dangerous behavior or weapons of any kind.
- Participate in all group activities and appropriate participation in small and large group events.
- Uphold a positive attitude towards activities and others.

I, _____ (youth's name) have read the Code of Conduct, and I agree to abide by it. I understand that any behavior that breaks this code may result in disciplinary action (which may include not being allowed to continue participating in the event or being sent home - at parent's expense).

Youth's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

HEALTH & MEDICAL INFORMATION

Insurance Carrier: _____ Phone: _____

Policy #: _____ Group #: _____

Subscriber Name: _____ Birth Date ____/____/____

List of know allergies of student: _____

Dietary Restrictions: _____

Medications to be administered: All prescription medications sent must be in original containers. Medications will be administered according to instructions on the bottle. Any change, the prescribing physician must provide a signed note. Please list all medication to be distributed while attending trip/event.

Name of Medication	Dosage	Time Given	Reason Prescribed/Notes

AUTHORIZATION FOR MEDICAL TREATMENT

OVER-THE-COUNTER MEDICATIONS: When necessary or beneficial, the mission trip directors have permission to administer: Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), Benadryl (for allergic reactions), antibiotic cream, anti-itch cream, or antacid tables (or any of their equivalents) to youth.

Parent Signature: _____ Date: _____

PERMISSION TO SEEK EMERGENCY MEDICAL CARE: When deemed necessary by adult mission trip leaders, I give permission to seek emergency medical care, and release the Central Bay District of the Michigan Area Annual Conference UMC, its staff and volunteers of any liability against personal losses or injury.

Parent Signature: _____ Date: _____

Printed Name: _____ Relationship to Youth: _____

MEDIA RELEASE

I hereby grant permission to Mt. Pleasant First UMC, and Central Bay District of the Michigan Area Annual Conference UMC to use and display images of the above-named student on it's website, social media pages, or future print publications without further notice or compensation. Personal identifying information, such as the youth's name, parent's name, address, phone number will never to published by organization.

I agree with the above statement _____ I disagree with the above statement _____

Parent Signature: _____ Date: _____