



# TEAMeffort

YOUTH GROUP MISSION TRIPS

JACKSONVILLE, FL 2022

~~\$359~~ PER  
PERSON

SIGN UP  
NOW!



**JUNE 19-25, 2022**  
**SCHOLARSHIPS AVAILABLE**  
**FORMS ATTACHED**



# TEAMeffort

YOUTH GROUP MISSION TRIPS

**Date:** June 19-25, 2022    **Location:** Jacksonville, FL

**Cost:** \$300 per person, (All Meals included EXCEPT, 4 lunches & 4 dinners, & extra money for snacks/souvenirs if desired).

**Registration Deadline:** Sunday, March 27th, \$100 Due at time of registration to hold spot.

**Scholarships Available!** Please contact Ben for more information.

### Packing List & Schedule Attached

**Trip Includes:** Mission Trip, Beach Day on Friday, And other local fun activities on Thursday

**Ben Jones (334) 714-3874 • benjones@lafayettefumc.org**

## Mission Trip 2022 Church Registration Form

Name \_\_\_\_\_  Male  Female T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Student's E-mail \_\_\_\_\_ Student's Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent's Email \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

I'm a member of LFUMC - If not, do you attend church somewhere else? \_\_\_\_\_

I have the following forms on file at the church:

Medical Release	Youth Covenant	Parent Info Card Card
Yes/No	Yes/No	Yes/No

### For use if the participant is a minor:

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby agree that in the event my child does not follow the rules for the event and is sent home for inappropriate behavior, I as their parent/guardian am responsible for immediately picking them up and transporting them home from the activity or event.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

For Office Use			
Paid Yes/NO	Payment Type	Amount	Date



# TEAMeffort

YOUTH GROUP MISSION TRIPS

~~\$300~~

~~\$359~~ PER

PERSON

[www.teameffort.org](http://www.teameffort.org)

904-214-8020

[info@teameffort.org](mailto:info@teameffort.org)

## Jacksonville 2022

June 5 - June 11

June 12 - June 18

June 19 - June 25

June 26 - July 2

July 3 - July 9

July 10 - July 16

July 17 - July 23

July 24 - July 30

Our Jacksonville location will offer several amazing and meaningful opportunities for youth groups. Summer ministry will be in various communities, some of which may have been affected by storms coming through the area previously. Mission teams will minister to the community and repair dozens of homes to bring them back to livable conditions, that have been damaged by flood waters.

# Jacksonville 2022



## ••• Lodging •••

Groups involved with our summer mission trips to Jacksonville will stay at a facility with a bunk-style lodge, chapel, dining hall, lake, and recreation areas. All meals are included except two lunches and two dinners during free time.



## ••• Area Activities •••

Recreational Activities on Campus include basketball, beach volleyball, field games, four square, lakefront swimming, floating dock, canoeing, board games, ping pong.

Jacksonville beaches, St. Augustine beaches, and forts, Hanna State Park, water parks & amusement centers. Walt Disney World is 2 hours away as well.



••• Register Now for Summer 2022 •••

[www.teameffort.org](http://www.teameffort.org) 904-214-8020 [info@teameffort.org](mailto:info@teameffort.org)

# Jacksonville 2022



## ••• Schedule •••

### **Sunday:**

- Check-in 5-7pm
- Chapel at 8pm

### **Monday-Wednesday:**

- Breakfast and devotion
- Work at mission sites
- Lunch, go back to work
- Free time
- Dinner
- Chapel & Group time

### **Thursday:**

- Breakfast
- Half-day work
- \*\*Lunch & dinner not provided
- Free half-day
- Closing Chapel service

### **Friday:**

- Breakfast
- Free day \*\*Lunch & dinner not provided
- Friday Night Fellowship

### **Saturday:**

- Breakfast and Check-out by 10:00 am

\*Due to times varying at each camp, a detailed schedule will be provided at check-in.

## ••• Packing List •••

- Work clothes (clothes you wouldn't mind getting dirty)
- Athletic shoes/work shoes (no open-toed shoes/thinly soled shoes)
- Clothes for free time and evening programs (refer to the dress code)
- Refillable water bottle
- Bathing suit (modest one-piece bathing suits only)
- Bible, pencil/pen
- Sleeping bag or twin-sized linens and pillow
- Toiletries & bath towel
- Insect repellent
- Flashlight
- Work gloves
- Hat
- Sunscreen

## ••• Themes •••

Merica Monday  
Tie Dye Tuesday  
Work Shirt Wednesday  
Half Day Hat Day

••• Register Now for Summer 2022 •••

[www.teameffort.org](http://www.teameffort.org) 904-214-8020 [info@teameffort.org](mailto:info@teameffort.org)



Camp Location: Jacksonville, FL Camp Date: Week 3 June 19-25

Permission Slip & Release of Liability

Church Name: LaFayette FUMC

Church Address: 301 S. Main Street

City: LaFayette

State: GA

Zip: 30728

I, (please print) \_\_\_\_\_ acknowledge that I have volunteered to participate in construction and other activities at TEAMeffort, Inc. I understand that these activities are not conducted in the course of trade or commerce, and do not involve the lease or sale of goods or services.

I am aware that I am voluntarily participating in these activities of construction, which include, but are not limited to, the construction of homes, loading and unloading materials, painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of the danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below.

I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of TEAMeffort, Inc., its directors, officers, agents, employees, volunteers, suppliers, or contractors. This release is intended to be broad in its effect.

I authorize a church representative and/or TEAMeffort staff member to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for treatment.

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medical information: \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY SECTION:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Name

My Commission Expires on \_\_\_\_\_

(Notary stamp here)



## CODE OF CONDUCT

Thank you for supporting your youth by leading them on their mission trip. One of the benefits of TEAMeffort is that you and your students will worship, work, eat, lodge, and participate at camp with other youth groups from different churches and denominations. We all have differences, so as we partner together in Christian service, we strive to create a safe, respectful environment where each individual can grow in faith.

We want everyone to have a positive TEAMeffort experience, so we ask each participant to follow this Code of Conduct. Please discuss this with every student, parent, and adult leader before your trip so each person commits to safe and respectful behavior. We also ask each person to follow the rules specific to your camp location to maintain safety, punctuality, and respect. These camp specific rules will be shared at orientation and they include the lights out policy and safety on the mission site.

**1.** TEAMeffort dress code is loose-fitting unaltered t-shirts and loose-fitting fingertip length shorts. Close-toed shoes must be worn on the mission site. Undergarments should not be visible and clothing should be properly fastened. Hemlines on shorts or skirts must be at least fingertip length. We do not allow tank tops, spaghetti straps, halter tops, tube tops, leggings/tights, yoga pants, or two-piece bikini bathing suits. When swimming, women must wear a modest one-piece suit or a tankini-style suit that covers the torso and midriff (front, sides, and back); men must wear t-shirts when not in the swimming area.

**2.** TEAMeffort does not permit the use of alcohol, tobacco, vape pens or other drugs at the TEAMeffort host facility or TEAMeffort camp activities.

**3.** TEAMeffort asks each participant to be respectful of other people, other groups, and TEAMeffort staff. TEAMeffort does not permit offensive language or profanity; behavior that interferes or threatens camp activities; behavior that threatens the health or safety of another person; or pranks that harass another person or damage property. Individuals or groups will be held responsible for destruction or damage to property.

**4.** TEAMeffort discourages public displays of affection and does not allow students to isolate themselves from their group or adult leaders. Sexual advances and verbal or physical conduct of a sexual nature is not tolerated.

**5.** TEAMeffort asks each adult leader in your group to follow the direction and leadership of the camp staff. We assign each group a college-age staff member for the week, they have dedicated their summer to serving and are trained to lead the mission sites. While we value skilled help, please know that building codes and needs are different at each camp. We train our staff to do the projects the most effective way for your youth.

**6.** TEAMeffort asks all leaders & chaperones to read and abide by our [Chaperone Expectations](#).

*By signing this document, I acknowledge I have reviewed these policies with students, parents, chaperones and adult leaders. I commit myself and each member of my group to abide by this Code of Conduct. I agree to cooperate with the Camp Director to resolve any issues in a timely manner.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name (First, Last) \_\_\_\_\_

Church Name \_\_\_\_\_



#### COVID-19 Standards & Youth Leader Waiver

- Masks will be encouraged but not required at TEAMeffort camps. Staff will wear a mask during meal preparation and serving in addition to anytime they are in close contact with a leader or camper.
- Some locations may have housing, mission site, or state mandates requiring masks. At any of these locations staff, leaders and campers will wear masks as directed.
- Each leader will receive a health form to be completed within 48 hours of arrival. This form should be completed by the leader on behalf of the entire group and brought to check-in at camp. Questions will ensure no participant is experiencing COVID symptoms or has been in contact with someone having COVID symptoms before arriving at camp. Staff will also complete this form each week.
- Each youth leader will be responsible for taking temperatures and monitoring the health of their students. Should any health concern arise it is the youth leader's responsibility to coordinate quarantine accommodations for anyone necessary. Other leaders will be made aware of any health concerns by the camp director so appropriate action can be taken.

#### COVID-19 Extra Cleaning and Sanitization Standards

- Masks and gloves will be worn by TEAMeffort staff during any meal preparation and serving.
- Hand sanitizer will be provided at mission sites and tools will be sanitized between each week.
- Hand sanitizer will be provided to groups before each meal and upon entrance to chapel.
- Hand sanitizer will be used in between each transaction at our camp store.
- Only staff will touch items in the camp store.
- Shared spaces will be cleaned on a regular basis throughout the week. Dining Hall and Chapel will be cleaned after each use. Bathrooms and showers will be cleaned multiple times throughout the day.
- We ask groups to bring their own games to ensure cleanliness.

As the youth leader signing below you are acknowledging that you understand the COVID-19 standards as explained above. You are agreeing on behalf of your group to adhere to these standards and you understand that these are the precautions agreed to in full by your group, other groups, and TEAMeffort Missions.

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Youth Leader Signature

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Date



**LaFayette First United Methodist Church**  
**MEDICAL RELEASE, MEDIA RELEASE, and EVENT WAIVER FORM**

Participant Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail of Youth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
*(if different from above)*

City/State/Zip \_\_\_\_\_

E-mail of Parent/Guardian \_\_\_\_\_

Employed by \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Functions and Activities**

I understand that participating in programs, recreation and other activities of LaFayette First United Methodist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above or I, if I am a participant may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Medical History**

Are you currently taking medicine or treatment?  Yes  No

If yes, explain \_\_\_\_\_

Have you been restricted from sports or swimming for any reason?  Yes  No

If yes, explain \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?  Yes  No

If yes, explain \_\_\_\_\_

Other info leaders may need to know: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

Do you have:

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes

List Any Allergies:

Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Other Medical Needs: \_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY MEDICAL AUTHORIZATION**

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician(s) selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home/Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home/Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Media Release:**

As the legal parent/guardian of \_\_\_\_\_, I provide permission for LaFayette First United Methodist Church to use my child's image (check those allowed)

\_\_\_\_\_ in pictures

\_\_\_\_\_ in videos

Taken at church functions on the (check those allowed)

\_\_\_\_\_ LFUMC website

\_\_\_\_\_ LFUMC Facebook Page

I can revoke this permission to use my child's image at any time, in writing, by providing said writing to the Youth Director at LaFayette First United Methodist Church.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**For use if the participant is a minor:**

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Medical Release, Event Waiver Form, and Media Release and am fully familiar with the content thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Medical Release, Event Waiver Form, and Media Release including the Release of Liability above, on behalf of the child, and agree that this Medical Release, Event Waiver Form, and Media Release shall be binding upon my estate and me.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**For use if Adult Volunteer and/or Employee:**

As an adult volunteer or church employee, I hereby agree to each of the consents waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Participant \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD**

## Youth Covenant

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in the activities of the church, and agree that my participation in church activities is subject to my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to being sent home or being suspended from participating in this youth group if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect of authority, bullying, physical aggression, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Youth \_\_\_\_\_

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Youth Covenant and am fully familiar with the content thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above, and understand the consequences if they break the covenant. I hereby agree that in the event my child does not follow the rules stated above and is sent home from an activity or event for inappropriate behavior, I as their parent/guardian am responsible for immediately picking them up and transporting them home from the activity or event.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_