

PENSACOLA, FL 2023

EARLY BIRD \$275

REGISTER BY WEDNESDAY, MARCH 29 - \$100 DUE AT TIME OF REGISTRATION

\$350 AFTER MARCH 29TH - \$100 DUE AT TIME OF REGISTRATION





JUNE 18-24, 2023 SCHOLARSHIPS AVAILABLE FORMS ATTACHED







THEME DAYS

Dress up on the mission sites or at Chapel each night!

Merica' Monday Tie Dye Tuesday Work Shirt Wednesday Tropical Thursday



CAMP STORE

We have snacks, drinks, new and old shirts, work shirts, stickers, and sunglasses for sale at camp.



FORMS

Notarized Permission Slip for All Students and Adults



Review the Code of Conduct with your leader.



LODGING

Groups will stay at a local church on twin mattresses on the floor. There are showers in the facility. Meals and chapel will be on location. Also, there is grass and parking lot space for activities.



PROJECTS

For our mission camps, you will be doing some form of a hands-on project like painting, landscaping, and/or building something like a roof, deck, or ramp. Don't worry if you've never done this, you will do great! We will have a TEAMeffort staff member there to help you along the way, and if needed a contractor. The most important aspect of our work will be to serve others as Jesus taught us.

VISIT OUR WEBSITE FOR MORE INFORMATION, PICTURES, AND FAQS



'W

PACKING LIST

- \square Work Clothes (these will get dirty)
- Athletic/Work Shoes (closed-toed)
- Clothes for Free Time and Chapel
- Refillable Water Bottle
- ☐ Bathing Suit (one-piece only)
- Bible, Pencil or Pen
- ☐ Sleeping bag or Twin-Sized Linens
- Pillow
- ☐ Toiletries and Bath Towel
- ☐ Insect Repellent
- ☐ Flashlight
- ☐ Work Gloves
- ☐ Hat
- ☐ Sunscreen

DRESS CODE

SCHEDULE

Sunday:

- Check-in 5-7pm
- Chapel

Monday-Wednesday:

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

Thursday:

- Breakfast and devotion
- Half-day work
- Free half-day
- Closing Chapel service

Friday:

- Breakfast and devotion
- Free day
- Friday Night Fellowship

Saturday:

• Breakfast and Check-out







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. Closed-toed shoes do not include crocs, toms, flip flops, chacos. Must have a hard sole and covered toes and heel. 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, sleeveless shirts, spaghetti-strap shirts, halter tops, crop tops, tube tops, yoga pants, leggings, 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.





Date: June 18-24, 2023 Location: Pensacola, FL

Cost: Early Bird \$275 if registered by Wednesday, March 29 - \$100 due at time of registration \$350 after March 29th, (All Meals included EXCEPT, 4 lunches & 4 dinners, & extra money for snacks/souvenirs if desired).

Registration Deadline: Early Bird, Wednesday, March 29th -- Final Registration day Sunday, April 16th, \$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 2023 Church Registration Form

Name	LI Male L	J Female T-Shirt	Size	
Address	Cit	у		
State/Zip	Birthday	/		
School	Grade	Graduation Yo	ear	
Student's E-mail	Student's F	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 Yes/No	Youth Covenant Yes/No	Parent Info Card Card 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.				
ignature of Parent or Legal Guardian Date				
Print Name of Parent or Legal Guardian				
For Office Use				



June 18-24

Camp Location: Pensacola, FL Camp Date: Week 3

Permission Slip ♀ Release of Liability

Church Name: <u>Larayette First United Methodist Chur</u> ch	1 Church Ac	Church Address:		301 S. Main Street	
City: LaFayette	State:	GA	Zip:	30728	
I, (please print)			acknowle	dge that I have	
volunteered to participate in construction and other act					
not conducted in the course of trade or commerce, and					
			-		
I am aware that I am voluntarily participating in					
limited to, the construction of homes, loading and unloa	-				
from building sites, and other related activities, with the	_	_	involved. I hereb	y agree to accept any	
and all risk of injury and verify this statement by placing	my signature	e below.			
I hereby agree that I, my assignees, heirs, distrib	outees, guard	ians and legal	representatives	will not make a claim	
against, sue, or attach the property of TEAMeffort, Inc.,	its directors,	officers, agen	ts, employees, v	olunteers, suppliers,	
or contractors. This release is intended to be broad in its		, 0	, , , ,	, 11 ,	
I authorize a church representative and/or TEAN		mamhar to oh	tain modical tro	etment for my child in	
•				atiment for my child in	
the event of injury or illness and agree to pay any expen	ises iliculteu	ioi 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 2	20, by _			
Notary Public's Signature	·	Notary Name			
My Commission Expires on					



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, crop 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 LaFayette First United Methodis	t Church

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 transportationrelated 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

	g medicine or treatment? 🗆 Yes 🗆 No				
	ed from sports or swimming for any reason? Yes No				
	vere reaction to a bee/hornet sting, or insect bite? □ Yes □ No				
Other info leaders may	Other info leaders may need to know:				
Date of last Tetanus Imr	munization: MonthYear				
<u>Do you have:</u> ☐ Sinus Trouble ☐ Hay Fever ☐ Heart Trouble	List Any Allergies: Food: Drugs:				
□ Epilepsy□ Asthma□ Diabetes	Other Medical Needs:				
with my child to obtain	EMERGENCY MEDICAL AUTHORIZATION gency, I hereby give permission to the church-appointed sponsors who are medical assistance for my child. I also give permission to the physician(s) and secure proper treatment for my child.				
Parent/Guardian Signat	ture:				
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 allow	red)				
LFUMC website					
LFUMC Facebook Page					
	e at any time, in writing, by providing said writing to the Youth				
Director at LaFayette First United Methodist Church	i.				
Signature of Parent or Legal Guardian	Date				
Print Name of Parent or Legal Guardian					
For use if the participant is a minor:					
	ld listed above, who is under 18 years of age. I have read the above				
	ease and am fully familiar with the content thereof. I give permission				
	ities of this church, including any special events/activities described				
above. I hereby consent to the Medical Release, Even	nt Waiver Form, and Media Release including the Release of Liability				
above, on behalf of the child, and agree that this Med	dical 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:					
	agree to each of the consents waivers listed above, including the				
Release of Liability, as pertaining to my own partici	pation in these activities.				
Signature of Participant	Date				
Print Name of Participant					
Notary Signaturo	Data				
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 have read the above Youth Covenant and am fully permission for the child named above to participate special events/activities described above, and under covenant. I hereby agree that in the event my child sent home from an activity or event for inappropria responsible for immediately picking them up and trevent.	familiar with the content thereof. I give in the activities of this church, including any rstand the consequences if they break the does not follow the rules stated above and is the behavior, I as their parent/guardian am
Signature of Parent or Legal Guardian	Date
Print Name of Parent or Legal Guardian	