



SIXTH GRADE MISSION TRIP



PARENT PACK
OCTOBER 15 - 17, '10

W

e are excited that your junior higher will be participating in the Sixth Grade Mission Weekend to Asheville, NC, October 15-17, 2010. It will be a weekend of service, fellowship, and fun! In this packet you will find the following: a packing list, Asheville Youth Mission Forms and a Trinity Medical Release form. Please complete and return by October 10th. You do not need to fill out a Trinity Medical Release Form if you already have one on file in the Youth Office.



Asheville Youth Mission is a Presbyterian run mission program helping young people and college students connect their faith through service. AYM's founder is the Rev. Aimee Wallis Buchanan, a Presbyterian pastor with degrees from both the Presbyterian School of Christian Education and Columbia Theological Seminary.

Expect a weekend of fun, fellowship and work! We'll be staying in a bunkhouse, so make sure you bring your sleeping bag! We'll see you on Friday, October 15!

Peace, John & Wendy

JOHN Wendy

Friday, October 15, 2010

- 4:30 p.m.:** Leave Trinity Presbyterian Church
Supper on the road
- 9:00 p.m.:** Arrive at West Asheville Presbyterian Church
- 10:00 p.m.:** Free time and Bed

Saturday, October 16, 2010

- Breakfast*
- 9:00 a.m.:** Opening Devotional
- 9:30 a.m.:** Orientation to Asheville Youth Mission and Work Sites
- 10:00 a.m.:** worksites
- 12:00 p.m.:** Lunch
- 1:00 p.m.:** worksite
- 2:30 p.m.:** Play time in Montreat!
- 5:30 p.m.:** Dinner in Asheville at Asheville Pizza Company
- 7:30 p.m.:** Program.: What does the Lord require?
- 9:00 p.m.:** Free time and Bed

Sunday, October 17, 2010

- Breakfast and Clean-Up*
- 9:30 a.m.:** Closing Worship and Dedication
- 10:30 a.m.:** Depart
- Lunch on the road*
- Mid afternoon arrival**



What to Bring:

- Sleeping bag/linens
- Air mattress/sleeping pad (your weekend will be much more comfy with this!)
- Pillow
- Work clothes (clothes that can get dirty, sweaty, stained, painted, etc--cause they will!)
- Casual clothes for non-work times
- Closed-toe, firm shoes for work (tennis shoes preferable)
- Casual shoes for non-work times
- Toiletries (soap, shampoo/conditioner, toothpaste, toothbrush, brush, etc)
- Prescription Meds (don't forget inhaler if you have asthma)
- Sunscreen
- Towel/washcloth
- One set of outdoor work gloves
- Bible
- A re-usable water bottle (nalgene, aluminum, etc) to carry and use all weekend



Remember: You are in the mountains! They get chilly at night and in the mornings, so bring a jacket or sweatshirt, so you can stay cozy warm when you need to!

What Not to Bring

- Ipods - leave them at home!
- We will be collecting cell phones for the drive to Asheville and will give them out before bed. Parents, please talk to your child about this.

- Expensive clothing or other items.

Showers:

You will be showering in a different place from where you are staying, so please bring a small bag or caddy to carry your change of clothes, towel, and showering supplies.

Clothing Requirements for Adults and Youth:

Because of the nature of the work AYM participants are doing (both at sites and during AYM programming) and the requirements of the work sites, the following dress code has been established:

- **Tennis SHOES:** Always wear closed-toe sturdy shoes—like tennis shoes—at service sites. (no tivos, crocs, chacos, birks, flats, or flips).
- **SHIRTS—t-shirts:** All youth must wear shirts with sleeves. No tank tops, spaghetti straps, or low cut shirts at service sites and at AYM programming.
- **LONG shorts:** All youth must wear long shorts at service sites and at AYM programming (think walking shorts, soccer shorts, athletic shorts). Your shorts must come to your knee when standing. No sophee or any other short shorts.
- **PANTS:** Everyone must bring one pair of pants. Some work sites require pants. If shorts are too short, the participant will be required to wear long pants all week.
- **UNDERWEAR:** Yes, please wear it! But no one should be able to see it. No underwear showing out of pants (pants must fit to waist). No bra straps showing out of shirts.

DETAILS

Please be at the church by 4:15 p.m. so we can pack and leave at 4:30 p.m. so we can get on the road.

Pack a snack for the bus on the drive to Asheville. We won't be stopping for supper until around 7:00 p.m.

Cost is \$75.00 which covers all expenses. Your child will not need more than \$20 in spending money.

Please pack one bag and bring your backpack

and pillow on the bus with you.

We're staying at the West Asheville Presbyterian Church, 690 Haywood Road, Asheville, NC and showering at First Baptist Church, Asheville.

Adults on the trip: Wendy Cochran, Amy Patterson, and John Ryan.

In case of emergency, please make sure you have John's cell phone: 404-788-1356 and Wendy's cell: 404-788-8792

When we are about an hour outside of Atlanta, we'll have your child call to meet us in the Trinity parking lot..

**PYC 2010 - 2011 Registration and Medical Release Form
Trinity Presbyterian Church/Howell Mill Road/Atlanta, Georgia/ 30327**

Participant's Information

First Name	Middle Initial	Last Name
Street/Mailing Address	City/State	Zip Code
Phone Number	E-Mail Address	
School Attending	Grade	
Date of Birth		

Parent's/Guardian Information

Mother's First Name	Middle Initial	Last Name
Father's First Name	Middle Initial	Last Name
Mother's Work Number	Mother's Cell Number	Home Phone Number
Father's Work Number	Father's Cell Number	Family E-Mail

Participant's Health Information

Date of last Tetanus Shot	Regular Medication - Description and Schedule	Known Allergies/Medication that should NOT be given:
Pertinent Medical History including Allergies		
	Primary Doctor	Doctor's Telephone Number

Health Insurance Information

Major Medical & Health Insurance Company	Insurance Company Telephone Number
Group Number	Policy Number

My son/daughter/dependant _____ has my permission to travel to and from and to participate in Trinity Presbyterian Church activities under Trinity supervision from 6/1/2010 to 5/31/2011. With the understanding that Trinity will assure that the activity is properly supervised, I hereby relieve Trinity, the leadership thereof, and the persons conducting this activity of any liability in connection with my son's/daughter's/dependant's participation in this activity. In the event of injury, illness, or medical emergency, I understand an attempt will be made to contact me at the phone numbers provided above. If I cannot be reached in time, I hereby authorize the Trinity adult chaperones to seek medical, rescue, or evacuation services for my son/daughter/dependent with the understanding that I am responsible for any expenses incurred.

I also understand that I am obligated to provide the Trinity Director of Ministry to Youth and Their Families, Associate Pastor of Ministry to Children and Their Families, or the Church Business Administrator with updated medical information on my son/daughter/dependant should any of his/her medical information change between the date I sign this form and 5/31/2011.

_____ Parent's Signature



**Bring two copies of this form (front and back) for each youth participant
YOUTH Medical History & Release Form**

Name _____ Male/Female _____ Grade _____

Email Address: _____

Church Name _____

Date of birth _____ Home Phone () _____

Home Address _____

Mother's Name _____ Work Phone () _____

Father's Name _____ Work Phone () _____

Father/Mother's Employer _____

Health Insurance Co. _____ Policy No. _____

Family Physician _____ Phone() _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken?
(Yes/No)

If parents can't be reached in an emergency, please contact:

Name _____

Home phone () _____ Work Phone () _____

The following information is required to ensure that your youth's individual needs are met while attending Asheville Youth Mission. Information is confidential and will be made available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parents or designated individual. ***For their safety and well-being, no child will be allowed to attend without a completed and signed Consent/Medical Authorization.***

Date of youth's last tetanus shot _____

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, depression, eating disorders, asthma, etc.)
Please be specific so that we can provide the best care for your child: _____

Is your youth allergic to any food, medication or insect bites? Yes _____ No _____
If yes, please list particular allergy and probable reaction:

Is your youth currently taking any medication? Yes _____ No _____

If yes, please list all medications that your child will be bringing including complete instructions for administering: _____

Unless absolutely necessary, do not change your youth's prescriptions before their AYM week. Since we don't know what normal behavior is for your child, we will be less likely than you to detect negative reactions to medication changes.

May the staff/adult counselor administer to your youth: aspirin (yes/no), aspirin substitutes (yes/no), eye ointments (yes/no), antihistamine or decongestant (yes/no), motion sickness medication (yes/no), laxative or anti-diarrhea medication (yes/no), antibacterial or antibiotic ointment (yes/no), insect bite or poison oak ointment (yes/no).

Specific directions: _____

Note: If your child requires special care or diet, please contact us as soon as possible prior to arrival so that necessary arrangements can be made. We will do all the grocery shopping prior to your group's arrival.

Your signature here confirms that the information on these two pages is complete and correct as far as you know, and that you are giving permission to staff and adult counselors as noted.

Parent/Guardian's signature

Date

Medical Release and Permission Paragraph

(Youth's name) _____ has my permission to attend Asheville Youth Mission. I understand that the program involves manual work and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.
I have read and understand the foregoing paragraph.

Parent/Guardian's signature

Date

Church Liaison:
Bring one signed copy of this with you to AYM for each participant.

No person will be allowed to attend AYM without a completed and signed Agreement Form.



Agreement Form for Youth and Adult Participants

I agree to indemnify and hold harmless Asheville Youth Mission, its officers, agents, volunteers and employees from any and all claims, damages, expenses or injuries arising out of or incident to my or my child's participation in Asheville Youth Mission and all activities associated with it, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer or employee of Asheville Youth Mission acting within the scope of his/her employment.

_____ Participant's Name

_____ Parent/Guardian's Signature

_____ Date

You have my permission to use photographs, slides or videos in which I or my child

_____ appears for Asheville Youth Mission publicity purposes only.

_____ Adult/Parent/Guardian's Signature

_____ Date



Covenant
For Adult and Youth Participants

No person will be allowed to attend AYM without a completed and signed Covenant.

--I am a child of God and therefore will treat others as children of God, too. I will be kind, respectful, and show the love of Christ to all I meet.

--I understand that I represent my home church and Asheville Youth Mission. People also see me as an agent of Jesus' presence and work in the world. Therefore, I will show Christ's love and grace at service sites I visit, at AYM's site, at the shower site, and at all places my group visits.

If inappropriate behavior occurs at service sites, participants may be asked to be dismissed from the program.

--I will not bring cell phones, iPods, mp3 players, or any other isolating technology to service sites. These items will only be used during free time in the evening and/or in agreement with my home group's covenant on these technologies.

--If I am a youth, I agree to always be in a pair with another youth while at service sites and all AYM activities. If I am adult, I agree to never be alone with a youth at any time for any reason.

--I will not give money or identification information such as address, phone number, or last name to anyone I meet at service sites.

--I will dress appropriately and according to AYM's clothing requirements:

Clothing Requirements for Adults and Youth:

Because of the nature of the work AYM participants are doing (both at sites and during AYM programming) and the requirements of the work sites, the following dress code has been established:

Tennis SHOES: Always wear closed-toe sturdy shoes—like tennis shoes—with socks. (no tivos, crocs, chacos, birks, flats, or flips).

SHIRTS—t-shirts: All youth must wear shirts with sleeves. No tank tops, spaghetti straps, or low cut shirts.

LONG shorts: All youth must wear long shorts (think walking shorts, soccer shorts, athletic shorts). No sophee or any other shorts with less than a 4 inch inseam may be worn.

PANTS: Everyone must bring one pair of pants. *Some work sites require pants.* If all shorts are too short, the participant will be required to wear long pants all week.

UNDERWEAR: Yes, please wear it. But no one should be able to see it. No underwear showing out of pants (pants must fit to waist). No bra straps showing out of shirts.

--I understand that the use of and/or possession of alcoholic beverages will not be tolerated under any circumstances. I understand that the use of and/or possession of any medications that you cannot buy over the counter at a drug store and/or that have not been prescribed by a doctor to me will not be tolerated under any circumstances. *I understand if these substances are found in my possession, emergency contacts will be notified and I will be dismissed from the AYM program.*

--I understand that violation of any part of this covenant will result in appropriate actions which may involve calling emergency contacts or, in extreme cases, being dismissed from the AYM program.

If a young person must be set home early, they will be sent home at the expense of their parents/guardians.

This covenant is meant to be signed by each AYM participant both adult and youth and the parents of youth. It is meant to be a commitment to an experience in which God will be at work in your life and in the life of others.

For Adult Participants:

Adult Participant Name: _____

Adult Participant Signature: _____ Date: _____

For Youth Participants:

Youth's Parent Name: _____

Youth's Parent Signature: _____ Date: _____

Youth's Name: _____

Youth's Signature: _____ Date: _____