

Junior High Mission Trip
Philadelphia, Pennsylvania
June 18 - 26, 2011



Parent Pack
TWO

*Presbyterian Youth Connection
Trinity Presbyterian Church
Atlanta, Georgia*



Itinerary

Saturday, June 18 - meet at the Atlanta train station for our over night Amtrak train ride to Philadelphia. Be at the train station at 6:20 pm. We'll depart on the train at 8:04 p.m. and arrive Sunday, June 19 at 12:08 p.m. Make sure you eat a good dinner before arriving. Pack snacks and breakfast for the train ride to Philly.

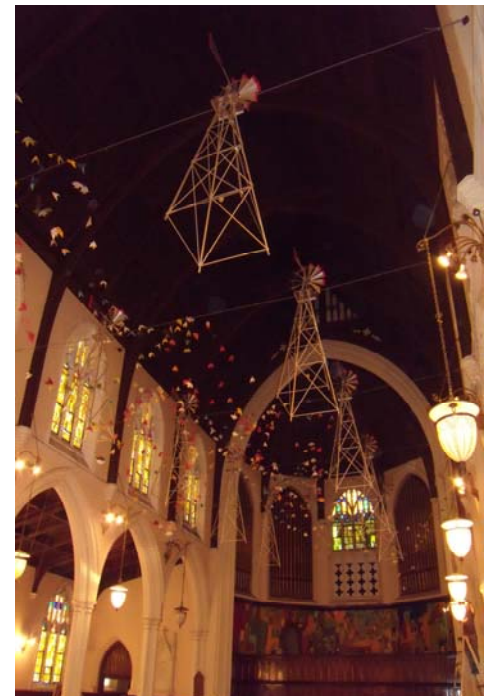
Sunday, June 19 - Friday, June 24 - work with Broad Street Ministries in intercity Philadelphia. Wednesday is our free day to explore the sites and eat a Philly cheese steak!

Sunday, June 26 - we depart from Philadelphia at 3:55 p.m. and arrive in Atlanta on Sunday, June 26 at 8:13 a.m.



Cost

The cost of the trip is \$515.00. Please submit all payments by June 1st. You can mail your check to the church or send it with your child to church school. Please put your child's name and the trip on the memo line.



Broad Street Presbyterian Church, home of Broad Street Ministries
<http://www.broadstreetministry.org/index.php>

What not to bring or limited use:

- Cell phones, ipods, etc are not allowed on the work sites. The use of phones and music players is limited to personal time before bed. Phones and mp3 players should not be used or seen during

What you will need on the train:

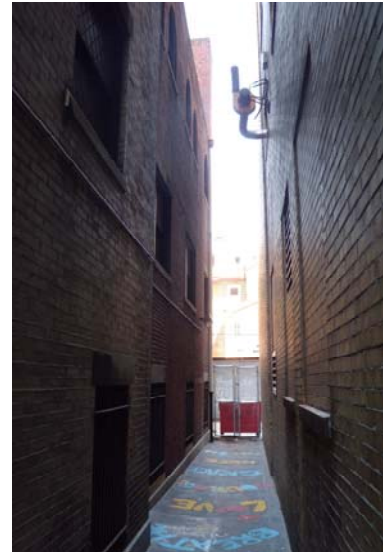
- Snacks for the train ride to Philly.
- Pillow and Blanket (you will be sleeping on the training Saturday night)
- Reading material / cards / music
- Ear plugs and eye shades

If you need to reach us call:
John's cell: 404-788-1356 or
Wendy's cell: 404-788-8792

What each participant should bring: (besides the obvious things like clothes and a toothbrush):

- Rolling duffel bag or rolling suitcase
- Air mattress or sleeping mat (*we'll be sleeping on a hard surface*)
- Strap to attach the mattress or mat to the rolling bag
- Sleeping Bag or sheets and pillow
- Backpack
- Water bottle
- Laundry bag or tall kitchen plastic trash bag
- Small bag (*to carry a towel, toiletries and change of clothes. Shower are off site*)
- Clothes to work in and get dirty (you'll need closed toed shoes and long pants for some sites)
- Long pants
- Comfortable clothes to wear while on site at Broad Street. Services are relaxed so you don't need to worry about dress clothes
- Appropriate clothes for the weather, days will be hot and humid. Expect occasional rain.
- Water bottle (for use on and off site)
- Rain jacket
- Hat & sunscreen
- The least amount of money possible
- 2 pr. of shoes – athletic shoes and sandals
- Bathing suit and shower shoes

Please make sure all items packed for the trip are labeled with child's your name



A typical day at Broad Street Ministry's Youth Summer Initiative

7:15 am Wake up!

7:30 am Optional morning devotional time

7:45 am Breakfast, clean up, and pack the lunches

8:45am Travel time (public transit or walking) to one of several work sites described below.

9:30-3:00 pm Groups may be at two sites in one day or stay all day at one site. Lunch is usually eaten on site.

3:00-6:00 pm Showers, snacks, free time, some dinner prep

6:30 pm Dinner

7:30 pm Evening program begins (Games, singing, small groups and whole group activities. Occasionally there will be a speaker from the BSM community)

9:30 pm Evening program ends, all adult leaders meet for a brief check-in

10:30 pm Ready for bed

PACK THIS!

DESTINATION	SPECIAL EVENTS	DAYS	LOCAL WEATHER
Philly <input type="checkbox"/> UNKNOWN			

	TRAVEL AIDS	Motion-sickness remedy	ATM card	Travel tickets	
BASICS	<input checked="" type="checkbox"/> Pleasure reading	Sleeping pills	Traveler's checks	Travel confirmations	
	Chewing gum	Anxiety medication		Travel membership cards	
	<input checked="" type="checkbox"/> Snacks		TRAVEL INFO	Travel guides	
	<input checked="" type="checkbox"/> Bottled water <i>bottle</i>	FUNDS	Passport & visas		
	<input checked="" type="checkbox"/> Earplugs	Wallet	Driver's license		
<input checked="" type="checkbox"/> Sleeping mask	Cash	Itinerary			
Travel pillow	Credit cards	Maps & directions			
MISCELLANEOUS	DOCUMENTS	Collapsible tote	Luggage tags	Camera & charger	
	Copies of travel docs	Money belt	Hospitality gifts	Film	
	Copies of credit cards	Shoulder straps	Journal	Music & player	
	Copies of passport	Plastic bags	Sports gear	Headphones	
	Credit-card contact info			Voltage adaptors	
	Emergency contact info	LAUNDRY	CONTACTS	Batteries	
	Medical insurance card	<input checked="" type="checkbox"/> Laundry bag	Address book	Flashlight	
	Medical history	Laundry kit	Important numbers	Binoculars	
	List of medications	Stain remover	Datebook	Alarm clock	
	Prescriptions	Sewing kit	Business cards		
	Travel insurance	Travel iron	Calling card	WORK	
	Car insurance card			Work documents	
		MISCELLANEOUS	TECHNOLOGY	Work reading	
	BAGS	Umbrella	Cell phone & charger	Office supplies	
	<input checked="" type="checkbox"/> Backpack/daybag	House keys	PDA & charger	Notebook	
Purses	Travel locks & keys	Laptop & charger			
CLOTHES		Slacks		<input checked="" type="checkbox"/> Sandals/flip-flops	
	<input checked="" type="checkbox"/> Underwear	Skirts	<input checked="" type="checkbox"/> T-shirts	Slippers	
	<input checked="" type="checkbox"/> Socks	Dresses	Tank tops		
	Undershirts	Suits	Sweatshirts	ACCESSORIES	
	<input checked="" type="checkbox"/> Bras	Tuxedo	<input checked="" type="checkbox"/> Jeans	Belts	
	Pantyhose		<input checked="" type="checkbox"/> Shorts	Ties	
	<input checked="" type="checkbox"/> Sleepwear	OUTERWEAR	Exercise clothing	Wristwatches	
	Robe	Jackets	<input checked="" type="checkbox"/> Swimsuits	Jewelry	
		Coats		Glasses	
	DRESSY	<input checked="" type="checkbox"/> Raincoats	FOOTWEAR	Sunglasses	
	Dress shirts	Hats	<input checked="" type="checkbox"/> Athletic shoes	Reading glasses	
	Sweaters	Gloves	<input checked="" type="checkbox"/> Leisure shoes	Glasses cases	
	Blazers	Scarves	Dress shoes		
	HYGIENE	<input checked="" type="checkbox"/> Toothbrush	Hair dryer	Shaving cream	Tissues
		<input checked="" type="checkbox"/> Toothpaste	Curling/flat iron	Razor	Cotton balls
Dental floss		Styling products	Perfume/cologne	Cotton swabs	
Mouthwash		Hair accessories	Makeup	Tweezers	
<input checked="" type="checkbox"/> Soap		Mirror	Makeup remover	Lint roller	
<input checked="" type="checkbox"/> Washcloth		<input checked="" type="checkbox"/> Cleanser	Birth control	Insect repellent	
<input checked="" type="checkbox"/> Deodorant		<input checked="" type="checkbox"/> Sunscreen	Feminine hygiene	Medications	
<input checked="" type="checkbox"/> Shampoo		Moisturizer	Nail clippers	Pain reliever	
<input checked="" type="checkbox"/> Conditioner		<input checked="" type="checkbox"/> Lip balm	Nail file	Vitamins	
<input checked="" type="checkbox"/> Brush		Contact lenses & case	Nail polish remover	First-aid kit	
Comb		Saline solution	Hand wipes	Band-Aids	

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"BRING HALF OF WHAT YOU THINK YOU NEED, AND TWICE AS MUCH MONEY"



Broad Street Ministry Youth Initiative
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)

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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 Broad Street Ministry. 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: _____

Continued on next page...

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

Agreement Form

I agree to indemnify and hold harmless Broad Street Ministry, 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 this Project, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer or employee of Broad Street Ministry acting within the scope of his/her employment.

Participant's Name

Parent/Guardian's Signature

Date

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You have my permission to use photographs, slides or videos in which I or my child
_____ appears for Broad Street Ministry publicity
purposes.

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Adult/Parent/Guardian's Signature

Date

**PYC 2011 - 2012 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	Cell Phone	

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 6/1/2011 to 5/31/2012. 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