

Conyers, Georgia 10th Annual Mission Trip Registration Form

Come with us!

Northwood Presbyterian Church has participated in the Conyers Mission Week every year for the last 9 years. This year we hope to send at least 30 on our team, including men, women, families, and youth for the 10th Anniversary Celebration of the work being done in Conyers, GA.

What We Do

The purpose of the Mission trip is to travel to Conyers, GA where our group stays in the camp meeting cottages at Smyrna Presbyterian Church. In Conyers we join with groups from other churches to do basic repairs on the houses of low-income people in the local community. Teams work at 12 or more different sites for four full days. Typical projects include painting, roof repair, ramp building, and major yard clean-up.

We travel in the Northwood church bus, additional rented vans and sometimes private cars. Meals for the week are provided by the people of Smyrna Church. Worship is held every night and devotions are held each day during the lunch break.

When and How Much?

This year the group will travel Sunday, June 12th and return Saturday, June 18th. We will be asking those who make the trip to pay \$215 each for the first member of the family; each subsequent member will be asked to pay \$200. The price helps with the overall expenses, including camp registration, rental of vans, cost of gas, and other travel expenses.

Each year we provide a number of full or partial scholarships and participants will be able to request this assistance again this year. We anticipate the actual cost per person will be about \$215, part of which is being raised by the church through donations and fund-raising events.

The deadline to sign up is April 3rd; please include a \$50 deposit per participant. The remaining amount will be due May 29th.

Sign Up Today!

Please fill out this form and the forms attached and return them to Katie Kopp by April 3rd along with your deposit of \$50 per person. Your registration will not be considered complete until this form, the Northwood Medical Registration, Northwood Medical and Transportation Release, Northwood Policies and Procedures, and your deposit are received.

_____ **Cut Here** _____

Please Print Neatly (one per participant please):

Cell Phone: _____

Participant Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Participant E-mail: _____ Parent E-mail: _____

For the Participant: I have experience with the following (please check all that apply): Other: _____

Painting	Gutters	Decks	Ramps	Doors
Cement	Eaves	Roofing	Yard Work	Flooring

In signing below, I am committing to be a part of the 2011 Conyers Mission Team. I promise to participate fully and to maintain integrity in doing so. I promise to follow all the rules set forth by both Northwood and Smyrna Presbyterian Church, to respect to the volunteers and leaders, and to conduct myself in a way that honorably represents the Congregation of Northwood Presbyterian Church.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Medical Emergency Treatment Authorization and Release of Liability

Must be completed by all participants.

For minors, must be executed by both parents or guardians unless only one person has sole and exclusive custody and parental rights.

I/We give permission for my/our child, _____, to travel to and participate in the 2011 Smyrna Mission Camp in Conyers, Georgia. In case of emergency, I hereby give permission to the licensed physician or hospital to secure proper treatment, anesthesia, or surgery for the individual named on this form. I am aware of the potential risks of personal injury, including but not limited to the risks identified in the "information packet" (which I have read [_____ initial]), to my child and his/her property (or myself and my property) as he/she (or I) participate(s) in the Smyrna Mission Program. With such knowledge I voluntarily release Smyrna Presbyterian Church, all officers, agents, employees, directors, or affiliates of any of them, and the sending church from any and all liability which may arise from or on account of the activities of this program. I/We understand that, but for our agreement to the terms of this Medical Emergency Treatment Authorization and Release of Liability, I or my/our child would not be permitted to participate in this Mission Program.

This document is an emergency medical treatment authorization and release of future claims arising from the Smyrna Mission Camp trip. Read it and be sure you understand it before you sign it.

(1) _____ (2) _____
Name of participant [or Parent(s) or Guardian(s) if under 18] (Print)

(1) _____ (2) _____
Signature of participant [or Parent(s) or Guardian(s) if under 18]

(1) _____ (2) _____
Relationship(s) to Participant

(1) _____ (2) _____
Date Signed

Sworn to and subscribed before me this _____ day of _____

NOTARY PUBLIC

My commission expires: _____

General Medical Information

(Must be completed by all participants)

Name _____ Age _____ M F

Church Name and location _____

Group Leader _____

Medication you take regularly and dosage _____

Allergies _____

Other medical information or restrictions

Date of last tetanus shot (must be current): _____

Medical Insurance & Emergency Contact Information

(Must be completed by all participants)

Emergency Contact _____

Relationship to Participant _____

Daytime Phone Number _____

Evening Phone Number _____

Insurance Company and Policy Number _____

Medical Evaluation Form

(to be completed by your doctor – required for minors)

I have examined _____ and find him/her to be in generally good health and physically able to take part in the trip to Conyers.

Indicate any restrictions you would place on his/her involvement in the Smyrna Mission Work Camp.

Doctor's name _____

Doctor's signature _____ Date _____