

The Bottom Line

Ozark Mission Project

2012



Week 1 - June 10-16

Week 2 - June 24-30

Cost: \$300 by Apr. 15 (\$75 deposit by Jan 8); (\$50 payment by Jan. 29)

\$75 NON-REFUNDABLE Deposit;

FINAL TOTAL DUE DATE is Apr. 15

Week 1 - June 10-16 @ Bear Creek (Eastern AR) near Marianna AR - 12 spots available.

Week 2 - June 24-30 @ Camp Preston Hunt (Southwest AR) in Texarkana - 8 spots available

Scholarships available and fundraising opportunities to come

Lakewood UMC: 501.753.6186; Andrew's cell phone: is 501.747.9173

Extra Registration/Permission Forms and "The Bottom Line" Quick Reference Guides can be found at Lakewood UMC or at www.expandingthelight.com/youth

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Contact Information

Lakewood United Methodist Church
1922 Topf Road
North Little Rock AR 72116

Church phone: 501.753.6186

Andrew' cell phone: 501.747.9173

OMP: Transforming lives through worship, fellowship, and hands-on mission

OMP purpose: to be a help to those who, for financial or physical reasons, cannot maintain their homes.
to meet the spiritual, social, and emotional needs of these persons.
to help develop spiritual, social, and emotional wholeness in campers
to encourage campers to put their faith in action in their local churches and communities.

Dates: Week 1 - June 10-16; Week 2 - June 24-30

Location: Week 1 - Bear Creek Camp; Week 2 - Camp Preston Hunt

Event cost: \$300

Covenant of Conduct

As a representative of Jesus Christ, Lakewood UMC, and a participant in this event, I take seriously my responsibility to care for everyone. This covenant affirms my concern for the well being of the total community. I covenant with other YOUth and adults to insure the safety of all, to make our time together meaningful, and to care for the facilities we share.

1. Participants agree to abide by Arkansas civil and criminal law: no drug/alcohol possession/use; no possession of firearms, weapons, fireworks, etc. Tobacco use is also forbidden.
2. Participants agree to dress appropriately/ modestly.
3. Participants agree to be on time, in designated places at all times, participate in all event experiences, and respectfully obey adult leaders.
4. Participants agree to focus on the entire group: avoid practical jokes, put-downs, and public displays of affection; visit with the opposite sex in designated areas only.
5. Participants agree to respect the person, equipment, and property of others as well as public and private properties (living areas, meeting rooms, etc) in use during the event.
6. Participants agree to pay for any accidental damage; intentional damage will be subject to additional penalties.
7. Participants agree to "unplug" for the event—avoid calling/texting on cell phones and use personal radios, MP3/CD players, etc. with headphones only during quiet (bed/nap) times only.

I understand that violations of this covenant and/or other inappropriate behavior will be dealt with on a case-by-case basis. The Director of YOUth Ministry, Adult Role Models, and Staff are empowered to send anyone home at anytime at youth/parent expense.

T-shirts available for \$10 each

Lakewood YOUth Council Retreat

Feb 3-5 @ Mt. Eagle Retreat Center

LAKWOOD UNITED METHODIST CHURCH
Permission, Medical Release/Hold Harmless, Registration Form

____ Youth Member ____ Friend of YOUth Member Friend's name: _____
Youth Name: _____ Date of Birth: _____ Age: _____
Address: _____ City/State/Zip: _____
School: _____ Grade: _____ Home Phone: _____
Youth Lives with: ____ Mother ____ Father ____ Both Youth Cell Phone: _____

We the undersigned parents/guardians, do hereby authorize permission for the youth named above to attend this event sponsored by Lakewood UMC. **Event(s): OMP Circle - Week 1 (Bear Creek) OR Week 2 (Preston Hunt)**

We do hereby knowingly release, absolve, indemnify, and hold harmless Lakewood UMC, its Members, Trustees, Committees, and Staff, as well as the organizers, sponsors, workers, and all others acting on behalf of Lakewood UMC or its programs and activities, from all claims that might result from any accident, personal injury, illness, or death arising from the sole an/or contributory negligence of any person or entity released herein.

We do hereby authorize Lakewood UMC staff or authorized leaders to obtain emergency medical treatment in case of illness or injury to the youth named above including, but not limited to, any x-ray, medical, surgical or dental treatment and hospital care deemed necessary.

We do hereby give our permission for our youth to be photographed. Photos may be used at church's discretion.

We do hereby acknowledge that should it be necessary for our youth to return home due to medical reasons, disciplinary action or otherwise, and we hereby assume all costs involved. This is a binding covenant and agreement.

Parent's Names: _____
Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____
Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____
Additional Adult Contact: _____ Phone Number(s): _____
Youth e-mail: _____ Parent e-mail(s): _____
Medical Insurance: Yes or No Insurance Co: _____ Policy #: _____
Insurance Address: _____ Phone #: _____
Youth SS #: _____ Policy Holder SS #: _____
Family Physician: _____ Phone #: _____ Date of Last Tetanus: _____
Please bring the following to the attention of DYM and Adult Role Models. ARM initials: _____
Allergies: _____ Medications: _____
Special Medical Needs/Limitations by Doctor: _____

Parent/Guardian Signature

Date

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Youth Signature: _____ Parent Signature: _____ Date: _____