

2011 Youth Urban Plunge

West Tennessee Presbytery Spring Retreat
Senior High Youth & Adult Leaders



"People were bringing little children to him in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, 'Let the children come to me; do not stop them; for it is to such as these that the kingdom of God belongs. Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it.' And he took them up in his arms, laid his hands on them and blessed them."

Mark 10:13-16 (NRSV)

February 25-27, 2011

Service Ministries in Mid-town Memphis

Service Over Self
2505 Poplar Avenue
Memphis, TN

TO RECEIVE REGISTRATION PACKETS

Contact Tammy Herrington, tj_herrington@hotmail.com

**** REGISTRATION DEADLINE is February 18, 2011 ****
2011 Youth Urban Plunge Fee: \$75.00
\$15 late fee must be paid if not pre-registered by the above date!!!

West Tennessee Presbytery
2011 Youth Urban Plunge

Dear Youth Worker/Pastor:

In order to prepare in advance for the 2011 Urban Plunge on February 25-27, 2011, for Senior High Youth and the adults who work with the youth. Each church must submit copies of the required forms **FOR EACH YOUNG PERSON AND ADULT PARTICIPANT.**

Each youth leader/pastor will collect the forms for the 2011 Urban Plunge participants from their congregation and send all the completed forms to **Tammy Herrington** by **Friday, February 18, 2011.** It is **EXTREMELY IMPORTANT** that all fees and registration forms are turned in on this date. The YMPC will need this time to finalize service ministry projects and make arrangements for lodging and meals.

Each participant (youth and adult) in the 2011 Urban Plunge, must submit:

- Permission Slip (for youth participants only)
- Liability Release Form (for youth and adults)
- Medical Information and Consent Form (for youth and adults)
- Covenant Agreement (for youth and adults)
- Commitment Form (for youth and adults)

* Adults – please provide a copy of your vehicle insurance verification and drivers license if you are willing to be a driver during this event.

PLEASE be sure that properly completed forms for each adult and youth participant are submitted. Also notice that **several of the forms must be notarized.** If there are questions please contact **Jamie Adams**, Phone: 731-796-1814 or Email: **adamsj2@k12tn.net**

MAIL ALL REGISTRATION FORMS AND FEES TO:

West TN Presbytery Urban Plunge Spring Retreat
C/O Tammy Herrington
PO Box 118
Savannah, TN 38372

***** REGISTRATION DEADLINE is February 18, 2011 *****

West Tennessee Presbytery
2011 Youth Urban Plunge

PERMISSION SLIP

TO WHOM IT MAY CONCERN:

_____ has my permission to participate in
(Name of Youth Participant)

the West Tennessee 2011 Urban Plunge on (insert date) in Memphis, TN. This service experience will involve the participants in urban ministries in the inner city. Ministry projects may include but not be limited to any of the following sites: child daycare facilities, outdoor settings, examples: parks and playgrounds, church facilities, urban schools, residential housing facilities for children with special needs, and hospitals. Participants in the 2011 Urban Plunge will be housed at the Service Over Self Retreat Center. 2505 Poplar Avenue, Memphis, TN. Transportation in Memphis will be provided by adult leadership authorized by the West Tennessee Board of Christian Education of the Cumberland Presbyterian Church.

(Signature of Parent or Guardian)

(Date)

(Signature of a Witness)

(Date)

West Tennessee Presbytery
2011 Youth Urban Plunge

YOUTH PARTICIPANT LIABILITY RELEASE FORM

On behalf of our daughter/son _____ (who is under 21 years of age) who will be a participant in the West Tennessee 2011 Urban Plunge, I (we) hereby release, forever discharge and agree to hold harmless individuals involved in the 2011 Urban Plunge, the West Tennessee Board of Christian Education of the Cumberland Presbyterian Church, and the Service Over Self organization from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the 2011 Urban Plunge.

Furthermore, I (we) on behalf of our (my) child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I (we) authorize and give permission to the West Tennessee Board of Christian Education to furnish any necessary transportation, food and lodging for this participant. We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for this minor child to participate fully in the 2011 Urban Plunge including operating equipment (supervised by an adult leader), and working in the service sites selected by the participant.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Type (or print) **Name of Youth Participant** _____

Print Name of Parent(s) and Phone Numbers: Father _____ Phone #'s _____

Mother _____ Phone #'s _____

Name of Legal Guardian (if not the parent) _____ Phone # _____

We (I) have read the foregoing and understand the rules of conduct for participants, and the responsibilities of parents and guardians and we (I) will abide by them.

Parent's (Legal Guardian's) Signature _____ Date _____

2011 Urban Plunge Participant: I have read the foregoing and understand the rule of conduct for participants and will abide by them as well as the directions of the leadership of the 2011 Urban Plunge.

Participant's Signature _____ Date _____

THIS FORM MUST BE NOTARIZED

State of _____ County of _____

Sworn and subscribed to before me the undersigned in and for the above county and state.

This the _____ day of _____, _____.

Notary Public

My Notary Commission Expires _____

West Tennessee Presbytery
2011 Youth Urban Plunge

MEDICAL INFORMATION AND CONSENT FORM

Participant's Name _____ Address _____
City _____ State _____ Zip _____ Telephone #'s _____
Parent's/Legal Guardian's Names _____
Telephone Numbers _____
If unable to reach parents/guardians, please call _____
Emergency Telephone Numbers _____
Participant's Blood Type: _____ Date of most recent tetanus shot or booster _____
Participant's Physician's Name and Phone Number _____
Participant's Date of Birth _____ List any current medical conditions _____

List all allergies or reactions you may have to the following:

Food: _____
Drugs: _____
Insects or natural elements (dust, animal dander, etc.) _____
List all medications this participant is taking during this event: _____

If you authorize leaders to administer over the counter medications (aspirin, ibuprofen, etc.) list them here:

(ALL MEDICATIONS TO BE TAKEN DURING THIS EVENT MUST BE CARRIED IN PRESCRIPTION CONTAINERS AND AN ADULT LEADER MUST BE INFORMED OF THE PLAN FOR DISTRIBUTION.)

Name of Insurance Company: _____
Policy Number _____ Insurance company phone # to call for treatment authorization _____
Name and Address of Physician to authorize insurance _____
_____ Phone number _____

Medical Consent and Authorization:

It is the understanding of this group member and the parents (or guardians) of this youth participant that if a medical emergency should arise requiring medical care to be given immediately, the group member or youth participant's parents/guardians authorize that such medical treatment shall be given and consent is given to such treatment at a hospital or other health care facility, or initially by group leadership, if necessary. I (we) consent to any examinations, x-rays, anesthetic, medical treatment, and hospital care which is deemed advisable by a qualified physician or hospital. I (we) will assume all financial responsibility for fees incurred by such an emergency.

Parents (Guardians) Signatures _____
Telephone Numbers _____
Insurance Group Member _____ Date _____

THIS FORM MUST BE NOTARIZED

State of _____ County of _____

Sworn and subscribed to before me the undersigned in and for the above county and state.

This the _____ day of _____, _____.

Notary Public

My Notary Commission Expires _____

West Tennessee Presbytery
2011 Youth Urban Plunge

COVENANT AGREEMENT

Each Participant Must READ and SIGN This Covenant:

“I understand that the West Tennessee Presbytery Urban Plunge will require me to make personal sacrifices which I may not be accustomed. I will work and complete tasks to the best of my ability. I am aware that I will be asked to work hard, but I will try to serve others even though I may be tired and uncomfortable at times.

I realize that living and working together as a group will require me to display Christian love and patience toward all members of the workgroup, both youth and adult leaders. I realize the importance of all members of the group following a schedule and the importance of following the guidance and instruction of the leaders. I am willing to comply with the requests of the leadership, and will abide by their instructions.

I further realize that I may be in ministry where the circumstances differ from those I am familiar with. I will treat all people in the community, and those whom we will serve with respect and dignity. I dedicate myself to this experience of Christian service as a representative of my church and presbytery.”

Participant's Signature _____ Date _____

Name _____ Age _____

Church affiliation _____

Presbytery represented _____

Parent's/Guardian's Name _____

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COMMITMENT FORM for YOUTH & ADULTS

I understand that I'll be the guest of "Service Over Self" and that I'll be serving through urban-inner city ministries as directed by the Youth Ministry Planning Council and other West Tennessee Presbytery leadership.

In addition to the service projects, I will also work on the event teams. Some possible areas are:

Event Recording Team (photography, video, and writing)

Worship Team (coordinate worship and devotionals)

Meal Coordination Team (organization of set-up and clean-up for meals)

Recreation Team (coordinate daily recreation activities)

Transportation Team (coordinate transportation plans)

_____ I understand that I may be needed in several areas of ministry other than assigned areas and I am willing to help in any way. Through my participation, I agree to support the entire ministry with my cooperation, enthusiasm, and energies.

Participant's Signature _____ Date _____

Parent (or Guardian) Must Sign This Form:

I (we) understand that this service experience will require that my (our) child work in inner-city ministries, and that work, worship, and fellowship will be parts of this experience.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

West Tennessee Presbytery
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ADULT PARTICIPANT LIABILITY RELEASE FORM

I (full name) _____ will be a participant in the West Tennessee Presbytery 2011 Urban Plunge, and I hereby release, forever discharge and agree to hold harmless any individuals involved in the Urban Plunge, the Cumberland Presbyterian West Tennessee Presbytery Board of Christian education, and the "Service Over Self" organization from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may occur while participating in this event.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I authorize and give permission to the representatives of the West Tennessee Board of Christian Education to furnish any necessary transportation, food, and lodging.

I hereby grant permission to take me to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I will assume the responsibility of all medical bills, if any.

Print your full name: _____ Phone Numbers: _____

Hospital Insurance: _____ Yes _____ No

Insurance Company: _____

Health Insurance Policy Number _____

Primary Physician: _____ Phone Numbers: _____

Emergency Phone Numbers: _____

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

Participant's Signature _____ Date _____

THIS FORM MUST BE NOTARIZED

State of _____ County of _____

Sworn and subscribed to before me the undersigned in and for the above county and state.

This the _____ day of _____, _____.

Notary Public

My Notary Commission Expires _____