



FAITHS
(Friends Acting In The Holy Spirit)
June 18-22, 2018

*My friends, what good is it to say you have faith,
if you don't do anything to show that you have faith?*

James 2:14

FAITHS is a summer mission day camp for students entering 7th-12th grade. We will use each day to work on service projects in the Iowa City area, and to serve a lunch to grandparent-age members of our congregation. Our days will begin at 8:30 a.m., with devotions and directions. Our work will end by 12:00 (noon).

NAME: _____

GRADE IN FALL 2018: _____

PARENT CELL # _____

STUDENT CELL # _____

PARENT E-MAIL: _____

STUDENT EMAIL: _____

T-Shirt size: YM YL S M L XL XXL

COST to participate in FAITHS is \$15 (to cover the cost of the shirt and food for grandparent lunch)

For more information:
rhausler@saintandrew-ic.org
or call the church office, 319/338.7523
Or Randy's cell phone 319/530.2027

FAITHS

Saint Andrew Presbyterian Church

I, the parent or guardian of _____, give permission for my child to participate in mission projects at Saint Andrew Presbyterian Church. I understand that my child will be transported to several sites during the week. I give permission for project leaders to secure emergency medical treatment for my child from a licensed physician and/or hospital. I understand that every effort will be made to contact me (or those whom I designate as emergency contacts) in an emergency in order that they or I may make decisions regarding the nature and place of emergency treatment.

Student's name

Birthday

Street Address

City

Zip Code

Mother's Name

Home phone

Cell phone

Father's Name

Home phone

Cell phone

Doctor's Name

Doctor's phone

Insurance Company _____ Policy Number _____

Emergency contact in case neither parent can be reached:

Name

Phone

Relationship

Is your child allergic to medications? NO YES (please list) _____

Does your child have other known allergies? NO YES (please list) _____

Is your child currently taking medications? NO YES (please list) _____

Media Release: Saint Andrew events may be publicized on TV, radio, newspaper, web sites or in other forms. I give permission for my child to be photographed, interviewed and/or quoted, and/or to appear on TV, radio, in print or on a web site.

Yes No, please exclude my child

I hereby release Saint Andrew Presbyterian Church and authorized leaders from liability for any injury my child sustains.

Parent/guardian signature _____

Today's date: _____