

FAITHS

(Friends Acting In The Holy Spirit)

June 24-28, 2019

*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 12:00pm when we will return to the church.

NAME: _____

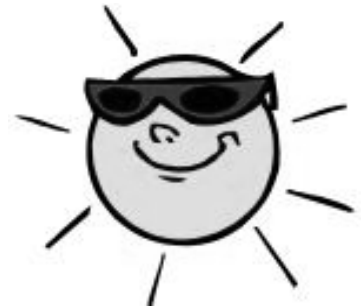
GRADE IN FALL 2019: _____

Student Cell # _____

Parent Cell # _____

Parent E-MAIL: _____

T-Shirt size: YL S M L XL XXL



COST to participate in FAITHS is \$20 (to cover the cost of the shirt)

For more information:
rhausler@saintandrew-ic.org
Or all the church office: 319/338.7523

Please complete the medical form/emergency contact information on the back.

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 _____

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Doctor's Name _____ Phone # _____

Insurance Company _____ Policy Number _____

Emergency contact in case neither parent can be reached:

Name _____ Cell # _____ Relationship _____

Is your child epileptic? NO YES

Is your child diabetic? NO YES

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: _____