

# FAITHS

## (Friends Acting In The Holy Spirit)

### June 28 - July 2, 2021

*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 spend each morning doing service projects in the Iowa City area, and hosting/serving a lunch to grandparent-age members of our congregation on Friday. Our days will begin at 8:30 a.m., with devotions and directions. Our work will end at 12:00. Due to COVID-19 restraints we will be asking that you meet-up and drop off at our locations around Iowa City/Coralville. The locations/directions will be sent out 1 week prior to FAITHS Week!

NAME: \_\_\_\_\_

GRADE IN FALL 2021: \_\_\_\_\_

STUDENT CELL NUMBER: \_\_\_\_\_

PARENT CELL NUMBER: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

T-Shirt size: YM    YL    AS    AM    AL    AXL

COST to participate in FAITHS is \$15(to cover the cost of the shirt etc)

For more information:  
rhausler@saintandrew-ic.org  
or call the church office, 338-7523

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## 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 not be transported to the sites during the week, and is my responsibility to arrange transportation. 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) \_\_\_\_\_

Has your child received the COVID-19 Vaccinations? NO YES

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