



**Where:**

Taylor County, Kentucky!!!!  
w/ Kentucky Heartland Outreach

**When:**

July 11-17

**Cost:**

\$180

**Who:**

Rising 7th - 9th

**WHAT TO BRING:**

- Clothing/Apparel**
- o T-Shirts (no midriff tops, spaghetti straps, or tank tops)
  - o Shorts
  - o Socks and underwear
  - o Closed-Toe shoes (we recommend that you bring 2 pairs of shoes)
  - o Sturdy shoes or work boots
  - o Sturdy clothing (long jeans for work)
  - o Light jacket
  - o Hat or visor
  - o Rain gear

- Personal Articles**
- o Chap stick
  - o Insect repellent
  - o Sunscreen lotion
  - o Toiletries (toothbrush, deodorant, soap, comb, etc)
  - o Towels and washcloths
  - o Handkerchiefs/bandannas

- o Pillow/sheets/ sleeping bag/air mattress

**Other Items**

- o Camera (optional)
- o Sunglasses
- o Water bottle
- o Hammer, work gloves, safety goggles (will be supplied at camp, but some people prefer to have their own)
- o \*\*Bible
- o Notebook and pen or pencil
- o \*\*Personal family health insurance card

Each night we will have worship time together. Please feel free to wear casual clothes.

Important: Please remember to bring your personal family health insurance card with you!



**Trip Meeting Schedule:**

- June 6th** Youth & Parent Mtg.
- Aug 2nd** Debrief Mtg

**Payment Schedule:**

- Feb 8th-** \$50 Deposit Due
  - March 1st-** Final \$130 Due
- Price includes: Meals while at KHO camp & Travel. You will need money for 3 Meals on the Road.

**WHAT TO TURN IN**

- **OUMC Youth Permission Slip**
- **OUMC Youth Health Form**
- **Money By Deadlines**
- **KHO Home Repair Project**
- **KHO Medical Release Form**



Parental Permission for Orange UMC Youth- Kentucky Trip



I, undersigned parent/guardian of \_\_\_\_\_ give permission for him/her to attend the 2010 Middle School Mission Trip to Kentucky. He/She has permission to be transported by van. I will not hold Orange UMC or any chaperones responsible for any injury that may occur during the trip.

Payment: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
CHECK ONE: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Fund Raising Account



## Camp Schedule

### Sunday

4:00pm Groups start arriving/registration begins

\*Note: Please plan to arrive by 5:30pm

6:00pm Dinner

7:45pm Orientation Service

8:45pm Crew meetings

9:20pm Ice Cream Social

\*Note: All adults attend an adult meeting with camp directors

10:45pm Lights out

### Monday, Tuesday, Thursday, Friday

6:00am WAKE UP!

6:30am Breakfast

7:30am House of Praise (high energy, fun service)

8:00am Crews leave for their sites

Noon – Lunch on sites

4:00pm Crews return to camp base

5:30pm Dinner

7:30pm Worship

8:45pm Church group devotion

10:45pm Lights Out

### Wednesday

6:00am WAKE UP!

6:30am Breakfast

7:30am House of Praise (high energy, fun service)

8:00am Crews leave for their sites

Noon Crews return to camp base (eat lunch on site or upon returning to base)

All groups are dismissed for the day

Please make plans to return no earlier than 8:00pm and no later than 10:30pm

### Saturday

6:00am WAKE UP!

6:30am Dismissal

\*Note: Breakfast will not be served on Saturday morning.



## Repair Project Participant Labor Release

The undersigned participant and his/her parent(s) and/or guardian(s) hereby release \_\_\_\_\_ County, Kentucky Heartland Outreach and \_\_\_\_\_ (host location) from any and all personal claims of any kind as a result of participation in the Kentucky Heartland Outreach Home Repair Project in the above mentioned county. This release will be in effect for the duration of the program.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

(needed if the participant is under the age of 18)

\_\_\_\_\_  
**Church name that participant is in attendance with**

**Kentucky Heartland Outreach  
Student Responsibilities Agreement**

During my week with Kentucky Heartland Outreach, I will strive for the best week possible and I sign this document as an acceptance of the following responsibilities:

- 1.) **Keep myself healthy** – I will drink plenty of water to make sure I do not dehydrate. Also, I will refrain from using any tobacco products or drinking any alcoholic beverages.
- 2.) **Maintain a safe environment for myself and my crew** – I agree to be attentive and alert and I will look out for my crewmates at the site. I realize that horsing around could result on a serious injury.
- 3.) **Follow the Kentucky Heartland Outreach Schedule** – I agree to participate in all activities on the KHO schedule. To ensure that everyone, including myself, gets a sufficient amount of rest, I will respect lights-out.
- 4.) **Stay in areas designated by KHO staff and crew chiefs** – I will stay with the group at all times. ***I will not leave the work site or lodging location without permission of the Director of Camps.*** I understand that no guys are allowed in the “Females Only” areas and girls are not allowed in the “Males Only” areas.
- 5.) **Respect others property** – I will respect everyone’s personal property by not tampering with it or taking it. I expect others to grant the same respect to my belongings.
- 6.) **Sustain a clean environment** – I will keep my place of lodging clean and I understand that I am personally responsible for any damage done to the property.
- 7.) **Uphold a Christ-like attitude** – At all times, I will display a Christ-like attitude toward my peers, hosts, leaders, and the residents of the community.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

“We give thanks to God...constantly bearing in mind **your work of faith and labor of love...**”

1 Thess. 1:2-3

## Medical Release Form

### STATEMENT OF PURPOSE

A home repair project is an opportunity for young men and women to be involved in a personal approach to missions education and involvement through construction-based projects which are promoted and sponsored by Kentucky Heartland Outreach, a ministry of Campbellsville University. Participation will involve some risks, as participants will be engaged in construction-related activities they may never have done before. As a participant, you will be fulfilling the role of a Christian servant as you invest your life in the lives of other people. The project will stretch you physically, mentally, socially, and spiritually.

### STATEMENT OF COMMITMENT

I, \_\_\_\_\_, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, commit myself to:

- (a) participate in the Kentucky Heartland Outreach project to be conducted during the dates of \_\_\_\_\_ to \_\_\_\_\_, in and around the country of \_\_\_\_\_, KY;
- (b) faithfully attend and complete the required activities as outlined in the KHO schedule;
- (c) obey all rules and follow all guidelines established by Kentucky Heartland Outreach during the project; (d) support the entire project with energy and enthusiasm; (e) pay in advance the full participation fee in the amount of \$175 to cover the cost of lodging, food, and T-shirt.

### AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the Kentucky Heartland Outreach Executive Director and/or Director of Camps and the physician or hospital staff during the KHO work project.

I, the undersigned, do for myself, my heirs, executors, administrators, successors, and assignees (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administration, successors, and assignees) understand that there is no secondary medical coverage provided by Kentucky Heartland Outreach. I, therefore, do hereby release from all claims and forever hold harmless the directors, officers, agents, and employees of Kentucky Heartland Outreach, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature, incurred by myself (or my child under 18 years of age.)

I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Furthermore, should it be necessary for the participant to return home due to disciplinary action, for medical reason, or otherwise, I hereby assume responsibility for all transportation costs.

### PARTICIPANT MEDIA RELEASE

By signing this document, the participant hereby gives Kentucky Heartland Outreach their licensees, successors, legal representatives and assignees, the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore the participant circulate the same in all forms and media for art, advertising, trade, competition, of any description and/or lawful purpose and/or approve the finished product(s) or the editorial, promotional, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product(s), copy, and/or soundtrack may be applied. The participant discharges and agrees to save harmless Kentucky Heartland Outreach, their licensees, successors, legal representatives and assignees, from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

### PARTICIPANT MEDICAL INFORMATION

(Medical Release Form Continued)

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Generally, my health is (circle one)      Excellent      Good      Fair      Poor

If **Fair** or **Poor**, please explain your condition: \_\_\_\_\_

Date of **most recent** tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

List any medical conditions for which you are **currently** being treated: \_\_\_\_\_

List any medications you are **currently** taking: \_\_\_\_\_

List any **medicines or substances** to which you are **allergic**: \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Medical Insurance Carrier \_\_\_\_\_

Policy or Group # \_\_\_\_\_ Personal ID# \_\_\_\_\_

*Please attach a copy of both sides of your insurance card to this form.*

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician's address \_\_\_\_\_

SS# \_\_\_\_\_

PLEASE SIGN AND COMPLETE BELOW

(THIS FORM IS NOT VALID UNLESS ALL SIGNATURES ARE NOTARIZED)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone – day (\_\_\_\_) \_\_\_\_\_ evening (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*(if different from parent, please specify relationship to participant)*

FOR NOTARY USE ONLY

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature \_\_\_\_\_

State of \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_