

MISSION TRIP

(only 33 spots available)

WHAT:

Work Project & Conducting Children Activities WHERE:

Arms of Hope – Medina, TX

WHO:

Current 7th grade – Graduated Seniors

WHEN: June 19-24

- Arrive at LHC at 6:45 A.M. on June 19
- Pick up at LHC at 3:30 P.M. on June 24

COST: \$105.00

- \$40 Deposit & Forms Due April 19 (Your spot is reserved when you turn in BOTH your deposit and all forms!!)
- \$65 Balance Due June 7
- Scholarships available for remaining balance.

Check all you included with this form:

- ☐ \$40 Required Deposit, OR ☐ \$105
- ☐ Accountability Form
- ☐ Medical Release
- ☐ AOH Release
- ☐ Scholarship Form (if needed)

STUDENT INFORMATION

Name: __

Mobile:
Email:
New Grade:
Birthdate:
PARENT INFORMATION
Name:
Mobile:
Email:
Home Address:



Mission Trip Accountability Form

This form is to help students and parents understand what is expected while on the trip and the consequences should the student's actions detour from the expected behaviors. We ask that both the student and the parent sign this form for the student to be allowed to attend the trip.

STUDENT NAME: **PARENT NAME:** I COMMIT TO: I UNDERSTAND THAT: Making payments on time and communicating what I need for this trip to my parent(s). THIS The adult leaders on the trip will address any INCLUDES ARRIVING ON TIME AT LHC. behavior or spiritual issue involving my student Working hard and being Jesus to the residents at while on the trip and may call me if they need my immediate parental response. Arms of Hope while they are hosting us. If there is an issue that involves my student on the Loving and encouraging others with my words and action. trip, Dela will let me know upon their return. If I have already been called during the trip, then Leaving my bad attitude at the feet of Jesus. Dela will let me know how it was resolved. Having a cheerful heart that demonstrates If an issue cannot be resolved during the trip or flexibility without complaining. my student is involved in an illegal activity, then I Honoring the leaders and other students with my will be called to pick up my student or pay to have swift obedience to the rules and requests that my student transported home. have been communicated to me during the trip. You will be financially responsible for any repairs THIS INCLUDES BEING ON TIME. or replacement of equipment should your student Respecting everyone and everything at the AOH cause damages when they didn't have adult Campus, specifically, no use of tools without adult permission and supervision. (There is grace for permission and supervision. things that break due to innocent mistakes while Staying in groups of three or more and making under adult supervision.) wise choices about my safety and others safety. Preparing well by packing what I need according I commit to pray for the leaders and the students before, to the packing list. during and after the trip so that God's purposes will be Keeping up with my things while on the trip. realized and that the students love and encourage one Being wise to not bring alcohol, drugs, illegal another with their actions and words. substances, tobacco (fake or real), abusive language, weapons of any kind (i.e. personal Signature: pocket knife etc.), fireworks, water balloons, shaving cream or other mischievous item. Opening my heart to receive from God and others. Praying for this trip before, during and after. Signature:



Waiver of Liability and Release

Please read the following carefully. If you have any questions, have them answered before signing this document.

In consideration of being allowed to participate as a volunteer during the LHC Mission Trip, I hereby release, waive and hold harmless Arms of Hope which encompasses Boles Children's Home, Medina Children's Home, their Boards of Directors, officers, agents, and employees from and against any and all claims, demands or causes of action of any type whatsoever, including property damage, personal injury or death, arising out of or in any way related to my participation in this event for which I have volunteered.

During this event, there may be opportunity to participate in activities on the Adventure Learning Activity (R.O.P.E.S.) course, courts, gym, and at the swimming facility. This Waiver of Liability and Release also applies to these activities.

I am aware that there are risks and dangers associated with my participation in community service projects, including the risk of property damage, personal injury or death. I acknowledge that my participation in this event at an Arms of Hope campus is voluntary and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to or from a service project. I agree to use all appropriate precautions and follow safety practices while on an Arms of Hope campus.

I understand that I am solely responsible for any medical costs I may incur as a result of my participation in this event at Arms of Hope.

By signing this Waiver of Liability and Release, I acknowledge that I have read this document, I fully understand it, and agree to its terms and conditions. The undersigned participant in this service activity also agrees to the terms and expectations of this agreement including Arms of Hope use of photographs and/or video that contains their image for publication purposes including; marketing, fundraising and/or informational presentations:

Print Name:	ne: Date:			
Signature:	gnature: Phone #		# :	
Address:	City:	State:	ZIP:	
Email Address				
Family members who are also "Friends of Arn	ns of Hope" and your relation	nship: Example: Jor	Doe - brother	
For persons under 18 years of age – please co	omplete. This person will be	e contacted in case	of an emergency.	
Print Name:		Date:		
Name of Guardian/Parent:				
Signature of Guardian/Parent:		Phone #:		
Complete Address:				
Email Address				



Leaving Monday, June 19:

- Be at church by 6:45 a.m.
- Please bring a breakfast item on van (we will not stop until lunch).
- PLEASE take a shower/use deodorant before arriving.

Return Saturday, June 24: Hope to be home by or before 3:30 p.m.

TRANSPORTATION:

We are taking three 15 passenger vans plus a U-Haul trailer. Pack light and bring only what you have to.

Arms of Hope is located in the country. There are wild animals, snakes, spiders, chiggers and scorpions on the property. It will also be hot. So, please pay close attention to the packing list.

Anything in ALL CAPS is required.

MISSION TRIP Packing List



Toiletries

- Towel & washcloth
- Toothbrush / Toothpaste
- Deodorant
- Soap, shampoo, conditioner
- Insect repellant (deep woods)
- SUNSCREEN



Clothes (pack light/small!)

- LONG PANTS
- TENNIS SHOES/WORK BOOTS
- WORK GLOVES
- LONG SOCKS
- HAT
- SUNGLASSES / SAFETY GLASSES
- Long-sleeve shirts (recommended if working with cedar/brush)
- T-shirts (covers top and mid area)
- Modest Shorts for travel and Friday activities
- Undergarments (tank tops can only be brought as an undergarment)
- Modest Sleep clothes



WHAT NOT TO BRING:

- Bedding/towels
- alcohol, drugs, illegal substances, tobacco (fake or real), or abusive language
- weapon of any kind i.e. personal pocket knife etc.
- fireworks, water balloons, shaving cream or other mischievous items



Learning Tools

- Bible (PRINTED not digital)
- Journal
- Pen



Travel Necessities

- WATER BOTTLE (not the disposable kind)
- Small blanket or pillow for van (keep in mind that every seat in 15passenger van will be occupied)



Heart

- Cheerful obedience/ flexibility
- Servant's attitude
- Inclusion, kindness & respect
- BE ON TIME
- HONOR YOUR
 COMMITMENT TO
 TRIP AND TEAM



FASCINATE

(only 25 spots available)

WHAT:

High School Retreat: Attend Fascinate HS

Conference at IHOPKC

WHERE:

International House of Prayer – Kansas City, MO

WHO:

Incoming 9th Grade – Graduated Seniors

WHEN: July 19-23

- Arrive at LHC at 6:45 A.M. on July 19
- Pick up at LHC at 6:00 P.M. on July 23

COST: \$260.00

- \$70 Deposit & Forms Due May 3 (Your spot is reserved when you turn in BOTH your deposit and all forms!!)
- \$190 Balance Due July 12
- Scholarships available for trip balance.

Check all you included with this form:

🗆 \$70* Required Deposit, <u>OR</u> 🛭 \$2	260

- ☐ Accountability Form
- ☐ Medical Release
- ☐ Scholarship Form (if needed)

STUDENT INFORMATION



Fascinate Accountability Form

This form is to help students and parents understand what is expected while on the trip and the consequences should the student's actions detour from the expected behaviors. We ask that both the student and the parent sign this form for the student to be allowed to attend the trip.

STUDENT NAME:

I COMMIT TO:

- Making payments on time and communicating what I need for this trip to my parent(s). THIS INCLUDES BEING AT LHC ON TIME SO WE LEAVE ON TIME.
- Being engaged with God through worship and the speakers – avoid being disruptive.
- Spending time with Jesus each day (quiet time, prayer room or in the Word)
- Loving and encouraging others with my words and action.
- Leaving my bad attitude at the feet of Jesus.
- Having a cheerful heart that demonstrates flexibility without complaining.
- Honoring the leaders and other students with my swift obedience to the rules and requests that have been communicated to me during the trip. THIS INCLUDES BEING ON TIME.
- Staying in groups of three or more and making wise choices about my safety and others safety.
- Preparing well by packing what I need according to the packing list.
- Keeping up with my things while on the trip.
- Being wise to not bring alcohol, drugs, illegal substances, tobacco (fake or real), abusive language, weapons of any kind (i.e. personal pocket knife etc.), fireworks, water balloons, shaving cream or other mischievous item.
- Opening my heart to receive from God and others.
- Praying for this trip before, during and after.

Signature: _			
Date:			

PARENT NAME:

I UNDERSTAND THAT:

- The adult leaders on the trip will address any behavior or spiritual issue involving my student while on the trip and may call me if they need my immediate parental response.
- If there is an issue that involves my student on the trip, Dela will let me know upon their return. If I have already been called during the trip, then Dela will let me know how it was resolved.
- If an issue cannot be resolved during the trip or my student is involved in an illegal activity, then I will be called to pick up my student or pay to have my student transported home.

I commit to pray for the leaders and the students before, during and after the trip so that God's purposes will be realized and that the students love and encourage one another with their actions and words.

Signature:			
Date:		_	



Leaving Wednesday, July 19:

- Be at church by 6:45 a.m.
- Please bring a breakfast item on van (we will not stop until lunch).
- PLEASE take a shower/use deodorant before arriving.

Return Sunday, July 19: Hope to be home by or before 6:00 p.m.

TRANSPORTATION:

We are taking two 15 passenger vans plus a U-Haul trailer. Pack light and bring only what you have to.

HOTEL:

Extended Stay America (KC South) 550 E. 105th St., Kansas City, MO 64131 Phone 816-943-1315

FASCINATE Packing List



Toiletries

- Toothbrush / Toothpaste
- Deodorant
- Soap, shampoo, conditioner



Learning Tools

- Bible (PRINTED not digital)
- Journal
- Pen



Heart

- Cheerful obedience/ flexibility
- Servant's attitude
- Inclusion, kindness & respect
- BE ON TIME
 HONOR YOUR
 COMMITMENT TO TRIP
 AND TEAM



Clothes (pack light/small!)

- Comfortable modest clothes for warm temperatures (85-90 degrees) outside and cooler environment while in prayer room or conference area.
- Shirts (covers top and mid area, no tank tops without a cover)
- Shorts longer than 3" or bring pants
- Sleep clothes
- Everyday comfortable shoes



Travel Necessities

- WATER BOTTLE (not the disposable kind)
- Small blanket or pillow for van (keep in mind that every seat in 15-passenger van will be occupied)
- Money for personal snacks, drinks and conference store (optional)

WHAT NOT TO BRING:

- Bedding/towels
- alcohol, drugs, illegal substances, tobacco (fake or real), or abusive language
- weapon of any kind i.e. personal pocket knife etc.
- fireworks, water balloons, shaving cream or other mischievous items

MEDICAL CONSENT

I,	, am the mother / father / legal guardian of
	, a minor. I hereby give and grant my full permission and authority to
any Lake Hi	ghlands Church staff member or trip chaperone/sponsor to exercise care and control
over my chil	d, and to consent to medical treatment of my child while my child is on any trip or
outing spons	sored by the Lake Highlands Church of Dallas, Texas. This grant of permission and
authority ext	tends to both emergency and non-emergency treatment decisions that may need to be
made on beh	alf of my child in case of any illness or injury, to be administered by such medical
institutions a	and medical professionals as may be selected by the aforementioned staff member or
trip chaperon	ne/sponsor, including any procedure that such medical institutions and medical
professional	s deem advisable in attempting to relieve an emergency condition or any related
unhealthy co	ondition that may be encountered during any necessary operation.
I agr	ee that the Lake Highlands Church, staff members and trip chaperones/sponsors shall
not be held r	responsible for any accident which might occur in connection with this trip.
Parent's Sign	nature
Parent's Pho	ne Number(s)
Date	
Insurance Co	ompany Name
	<u> </u>
Insurance Po	olicy Number
Current Me	edical Information for Your Student
Allergies:	
	(prescription and over-the-counter):
	7
Any Medica	l Conditions (example: asthma):

Minimum Payment: \$110 (paid by respective trip deadline dates to hold your

EVENT: Both Trips

COST: \$365.00

spot)



EVENT: Mission Trip

Registration Deadline:

Minimum Payment: \$40 (paid by

COST: \$105.00

April 19, to hold your spot)

April 19

NOTE: Please fill out ONLY IF YOU NEED ASSISTANCE with payment.

EVENT: Fascinate

Registration Deadline:

Minimum Payment: \$70 (paid by

COST: \$260.00

May 3, to hold your spot)

May 3

To receive assistance this application must be completed and signed by a parent.

	ery student to be able to attend the Ignite Student Ministry onomic situation. To this end, we offer partial scholarships a	•
We ask that you pray other students to rec	verfully consider how much you can contribute in order to steelive scholarships.	retch our budget to allow for
Student's Name:		
Parent's Name:		
Home Address:		
City:	Zip:	
Parent Mobile #:	Parent Email Address:	
Student Mobile #:	Student Email Address:	
I need a later paymo	ent date to provide entire trip cost.	
I can pay \$	(minimum of the trip deposit(s) amount) now, and then I can pay ir	full by (date).
Parent Signature:		
I cannot afford to pa	ay for the entire trip balance. I am requesting a partial	scholarship.
I can pay a total of \$_scholarship for the ba	(minimum of the trip deposit(s) amount) toward the retrealance.	eat cost. I am requesting a
Parent Signature:		
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