

# YOUTH INVASION 2010

## STUDENT REGISTRATION PACKET



### WHAT IS YOUTH INVASION?

This summer, **July 12<sup>th</sup> through the 16<sup>th</sup>**, Grace Nazarene will be partnering with Churches from across the Salem area to participate in a missional week that will bring together students from across our community and from different denominations to complete ministry projects for individuals and families in our neighborhoods.

Short term mission trips are incredible. They are a great benefit to the community that is served as well as those who have the privilege of serving. Many have experienced life changing moments in the midst of these opportunities. However, every time I personally have participated, there have been some who were unable to go because of various obstacles, such as cost, time, or distance.

It is our goal through Youth Invasion to bring as much of a short term mission trip to Salem as possible. We hope that by lowering cost and staying local we will give students who previously have been unable to participate the opportunity to serve alongside of others. We are excited not only about the witness and benefit to our community but even more so by prospect of students from many area churches working side by side, serving and growing in Christ together as one Church.



### IMPORTANT INFORMATION

**Every day will begin at 8:00 AM at Grace Nazarene (1900 N Broadway).** There we'll have a short devotional, assemble our lunches, and get our projects for the day. The day will be spent serving our community. In the evenings your team will go from their project site to a local church for dinner and evening fellowship. At 7:30 we'll send you home to get rested up for the next day.

Since Youth Invasion is **open to those who will be going into sixth grade through those who are graduating this year**, we will be doing projects that can be handled by a group of students (such as **light construction, yard maintenance, community cleanup, and other similar jobs**).

**Each student will be in a team with four friends** and one adult leader, all of the same gender. This will be their team throughout the week. Students will have some influence over who is in their group. The attached registration paperwork includes a spot for three teammate requests. We will do all that we can to group students with their requests. However, multiple teams may be assigned to different projects throughout the course of the week, so there is still the chance that they will get to work with many friends outside of their team.

The total cost for the week will be **\$30 if registered by July 4<sup>th</sup>**. This will cover all meals, a Youth Invasion T-shirt, and nightly activities. All registrations received after July 4<sup>th</sup>, including those who join mid-week will have a \$10 late fee added.



### WHAT DO I DO TO GET INVOLVED?

First of all, complete and return the attached application with your \$30 payment as soon as possible. Next, start looking around the community and your neighborhood for projects that you think we could take on and email your suggestions to [youthinvasion2010@gmail.com](mailto:youthinvasion2010@gmail.com). Finally, tell your friends to get involved! This will be a memorable week they won't want to miss.

# YOUTH INVASION 2010

## STUDENT REGISTRATION

### PLEASE FILL OUT THE FOLLOWING BASIC INFORMATION

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### A FEW QUESTIONS ABOUT YOURSELF

Please list any experience you have with light construction, painting, or yard maintenance (any lack of experience will not disqualify you from participating, it helps us better assign projects)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who are three friends that you would like to be on your work team?

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Are there any days or times that you will not be available? If so, when?

\_\_\_\_\_  
\_\_\_\_\_

Is there a Church that you typically attend? \_\_\_\_\_

Are there any physical limitations that are present that would prevent you from doing certain projects?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RELEASE FORM

To whom it may concern:

The undersigned do hereby give permission for our (my) minor child named \_\_\_\_\_ to attend and participate in the activities of Youth Invasion sponsored by Salem Area Churches from July 12th through the 16th, 2010.

We (I) authorize \_\_\_\_\_ (an adult sponsor), in whose care this minor has been entrusted, to consent, on our (my) behalf, to any x-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment and hospital care, which may be deemed necessary to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist in the USA.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor child pursuant to this authorization.

Parent (Guardian) Name (Print) \_\_\_\_\_ Date \_\_\_\_\_  
Parent (Guardian) Signature \_\_\_\_\_

## MEDICAL HISTORY & INSURANCE INFORMATION

Is the student under the care of a physician for an illness at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, illness \_\_\_\_\_

Is the student taking medication at this time on a continual basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list \_\_\_\_\_ Dosage \_\_\_\_\_

Is the student allergic to **any other** drugs or medications? Yes \_\_\_\_\_ No \_\_\_\_\_

List and name \_\_\_\_\_

Does the student have any allergies to bee stings, food or **any other allergies** we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list two other responsible persons to contact in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ ID Number \_\_\_\_\_