

# Jeremiah Project

Middle School Summer Mission July 21 - 27, 2019

This trip, better known as **JP**, is a weeklong mission experience held at Macedonia UMC, in Winchester, VA geared EXACTLY to middle school students. It is a week where we stay in an air conditioned class rooms, boys separated from girls. A shower trailer is provided. WE eat in the fellowship hall where the food is cooked fresh daily (boy is it yummy!). WE are with other church groups, all doing the same things. In the morning we have prayer time called Morning Watch. We break into sub groups and go out daily, to job sites where the leader helps accomplish a task. Be it painting, or making a wheelchair ramp, or anything else, the main objective is to shine the light of Christ by visiting with the homeowners. In the evening there are worship services and skits. We are busy all the time.

On Wednesday, the group is granted a mid-week fun day. Grace will rent a pavilion at **Cacapon State Park, WV**. There is a lake where paddle boats, canoes and swimming are available for a small fee. PARENTS have typically come to join us at Cacapon, and provided a barbeque buffet, supported the chaperones and hear about their child's experiences. PARENTS: **Mark your calendar's now so you can join us Wednesday, July 24, 2019!**

If you are interested in having this experience, you will not regret your decision.

**Who?** Anyone finishing 6, 7, or 8<sup>th</sup> grades. First come first served.

**When?** July 21-27 (Sunday thru Saturday.)

**REGISTRATION DEADLINE:** January 25, NO MORE drops or additions after MARCH 1.

**How MUCH?** \$ 395 per person, BUT our church mission committee wants you to go so much, that they pay 2/3 of the trip. **The portion you pay per student is only \$175.** First deposit of **\$75 is due Jan 15, \$100 is due March 1.** Refunds will not be given after the March 1 deadline. If you cannot go, please tell us asap so someone can have the opportunity to go in your spot.

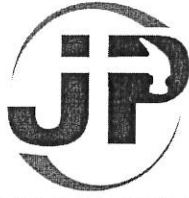
A Packing list and further information will be forthcoming. There will be a training day yet to be announced.

NAME:

EMAIL:

PLEASE go on line to [jeremiahproject.org](http://jeremiahproject.org) there are 2 forms. I printed the medical form attached here, and also a student dietary form. it is hard to find on website so we will do this form as we get closer. Please return the medical form as a commitment to attend. There are only 10 spots. First come first served!

Questions? [dcali@umcgrace.org](mailto:dcali@umcgrace.org) or call Debbie at 703-932-2456 cell



# JEREMIAH PROJECT

## Medical Information and Parental Permission for Treatment Form

Church Name: \_\_\_\_\_

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Sex:  Male  Female \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Father's Name \_\_\_\_\_  Address Same as Participants (if different please indicate below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_  Address Same as Participants (if different please indicate below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Emergency Contact (Relative, Neighbor, Friend) in case parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Allergies or Medical Conditions: (Please note: JP staff are not responsible for dispensing medicine to any student. That responsibility rests solely with the leaders of the participating church.)

- asthma
- insect stings
- reaction to medications (describe below)
- current medications (reason, name, dosage - describe details below)
- convulsions
- allergies (describe below)
- other (describe below)
- diabetes
- fainting spells

My child \_\_\_\_\_, has my permission to attend the JEREMIAH PROJECT. In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the emergency contact person listed above, can be located, I hereby give permission for the JEREMIAH PROJECT Event Director, or my church group leader to select a physician, to hospitalize, and to secure proper treatment for my child listed above. This information will be required in the event that the participant listed above is taken for medical treatment. JEREMIAH PROJECT insurance serves as a secondary coverage. I release the following from any liability in the event of an accident or injury en route to, during and/or returning from the Jeremiah Project, Inc. and all staff persons connected within, all adult leaders, chaperones, churches. **Housing Accommodations:** Students will be housed in cabins of their birth sex, and likewise will be required to participate in gender-specific camp activities and use restroom facilities throughout the camp in accordance with their birth sex. The camp does not have gender-neutral cabins or restroom facilities.

### FAMILY INSURANCE INFORMATION

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Other insurance information \_\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_