

Serve 2012: Student Ministry Mission Weekend

February 24th & 25th

Jr and Sr High students

Participating along with Christ Church & Buncombe Street UMC

The hope for this event is that in unifying our groups to serve others we show the true nature of the body of Christ. The weekend will be spent serving our local community in West Greenville. Our churches are partnering with Radius Church/Frazees Dream Center (free preschool, after school and summer program for under resourced children in the downtown Greenville area) to host this event. Many of the families we will be helping are affiliated with the Frazees Dream Center. The projects for the weekend will be helping with small construction projects, painting, demolition, yard work, and a small "sports camp" for the kids. The students will be divided into work groups (8 students in each) made up of a mixture of boys and girls from different grades and churches. An adult leader will be assigned to each group of students. All of the work sites will be within walking distance of Radius Church/Frazees Dream Center.

*Parents - Drop off and pick up at Radius Church 37 Pinckney Street, Greenville

*Cost- \$20 due with registration (covers the cost of meals)

*Saturday lunch and dinner provided

*To register: Submit form below, \$20 fee & attached permission form to Katie Graham at FPC

*Deadline to register is Friday February 17th

*Schedule for the Weekend

Friday

7:00-7:30pm- Orientation & challenge

7:30-8:00pm- Guided reading & work group information

8:00-8:30pm- Demonstration of service activities

8:30-9:00pm- Games (Minute to Win it)

9:00-10:00pm- Worship (Youth Band)

Saturday

8:30-9:00am – Organize into work groups

9:00-12:00pm- Work Groups serving.

12:00-1:00pm- Lunch and Testimony time

1:00-5:00pm- Work groups serving

5:00-6:00pm- Set up for dinner for the community

6:00-8:00pm- Celebration dinner for community and work groups

8:00-9:00pm- Clean up and closing time

****All Students need to bring a pair of work gloves, wear pants, bring a jacket as weather dictates since work may be outside, and wear closed toe shoes.**

***If you have question or need further information please contact:

Robbie Kropiwnicki 254-8208 or robbiek@firstpresgreenville.org

Charlie Buchanan 561-6346 cbuchanan@firstpresgreenville.org

First Presbyterian Student Ministry - *Serve 2012 Weekend* - Registration

Student Name: _____ Grade _____ M/F _____

youth e:mail _____ parent e:mail _____

Address: _____

Home Phone: _____ youth cell _____ parent cell _____

Payment Method (\$20): Cash _____ Check # _____ ***"Bill Me" is not a payment option for this event***

First Presbyterian Church
200 West Washington Street
Greenville, South Carolina 29601-2639
Serve 2012 – February 24-February 25, 2012

The Undersigned _____, parent of legal guardian of _____, a child in attendance at functions of First Presbyterian Church, does hereby grant permission for said child to participate in all activities, trips, and programs in connection with First Presbyterian Church. I hereby acknowledge that my child is physically fit and capable of participating in all such activities. Transportation arrangements will be made under authorization of First Presbyterian Church and the trip will be under adult supervision. Since the activity, trip or program is arranged for the benefit of the participants, it is understood that First Presbyterian Church, its employees, and adult supervisors and volunteers will exercise caution, judgment, and care, but cannot be held responsible in case of accident, injury, and loss or damage of property in connection with the activity, trip or program, and the undersigned will hold them harmless from all such claim.

The undersigned further agrees to admonish the child participant to exercise care, to be well behaved and in all things to be obedient to and under the direction and control of those adults in charge. The undersigned also further agrees to inform the church immediately of any changes in the information presented on the release form. This release form is valid for the period mentioned above or until revoked by the undersigned.

Signature of Parent/Legal Guardian

Date

Address & Zip Code

Home Phone

Work Phone

Mobile Phone

I hereby authorize the adult supervisors and any licensed physician permission to take all emergency steps that may be deemed necessary in case of an accident. As parent or guardian I hereby give my permission for emergency medical treatment for my child in the event I cannot be reached for authorization.

Signature of Parent/Legal Guardian

Date

Name of child's Doctor _____ Phone _____

Insurance Company

Policy Number

Phone Number

Please list any important medical information below (allergies, food allergies, medications, bee sting reactions, medical conditions, etc.)

In case Parent of Legal Guardian cannot be reached:

Emergency contact name

Phone Number

Relationship to child