

# FAITHS

## (Friends Acting In The Holy Spirit)

### June 19-23, 2017

*My friends, what good is it to say you have faith,  
if you don't do anything to show that you have faith?*

James 2:14

FAITHS is a summer mission day camp for students entering 7th-12th grade. We will use each day to work on service projects in the Iowa City area. Our days will begin at 8:30 a.m., with devotions and directions. Our work will end by early afternoon, generally 12:00pm depending on the project for the day.

NAME: \_\_\_\_\_

GRADE IN FALL 2017: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

T-Shirt size: YM    YL    AS    AM    AL    AXL

COST to participate in FAITHS is \$10 (to cover the cost of the shirt)



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## Saint Andrew Presbyterian Church

I, the parent or guardian of \_\_\_\_\_, give permission for my child to participate in mission projects at Saint Andrew Presbyterian Church. I understand that my child will be transported to several sites during the week. I give permission for project leaders to secure emergency medical treatment for my child from a licensed physician and/or hospital. I understand that every effort will be made to contact me (or those whom I designate as emergency contacts) in an emergency in order that they or I may make decisions regarding the nature and place of emergency treatment.

_____	_____	
Student's name	Birthday	
_____	_____	
Street Address	City	ZIP Code
_____	_____	_____
Mother's Name	Home phone	Cell phone
_____	_____	_____
Father's Name	Home phone	Cell phone
_____	_____	_____
Doctor's Name	Doctor's phone	
_____	_____	
Insurance Company	Policy Number	
_____	_____	

Emergency contact in case neither parent can be reached:

_____	_____	_____
Name	Phone	Relationship
Is your child allergic to medications? NO YES (please list) _____		
Does your child have other known allergies? NO YES (please list) _____		
Is your child currently taking medications? NO YES (please list) _____		

Media Release: Saint Andrew events may be publicized on TV, radio, newspaper, web sites or in other forms. I give permission for my child to be photographed, interviewed and/or quoted, and/or to appear on TV, radio, in print or on a web site.

Yes      No, please exclude my child

I hereby release Saint Andrew Presbyterian Church and authorized leaders from liability for any injury my child sustains.

Parent/guardian signature \_\_\_\_\_

Today's date: \_\_\_\_\_