

Middle School Mission Trip

June 25-29, 2018

TRIP INFO

Contacts During the Trip

Pastor Brandon: (830)832-1262
Tory Tierney: (210)854-2307

Arms of Hope Address

Medina Children's Home
21300 St. Hwy. 16 N.
Medina, TX 78055

IMPORTANT DATES

June 14 @ 12-2pm ~ Student Training in the Pavilion

June 21 @ 12-2pm ~ Student Training in the Pavilion

June 24 @ Noon ~ Parent & Student Meeting in the Pavilion

June 25 @ 10:30am ~ Meet @ Oakwood Pavilion

June 29 @ 3:00pm ~ Arrive @ Oakwood Pavilion

DO NOT FORGET

Sunscreen

Bug Spray

Jeans you do not mind ruining

Close-toed shoes for service projects

Refillable water bottle

Bedding for twin bed

Keep this page for your records

WHAT TO BRING

What can I pack for the bus ride?

You may take ONE small to medium sized carry-on onto the bus. Snacks and drinks are fine.

NO personal DVD players or other video playing devices. The bus will have DVD's and TV monitors, so you may bring some GOOD movies if you want.

The movies need to be G or PG rating. Cards and other travel games are a good idea, too.

How much extra money do I need?

You shouldn't need any extra money. All meals are provided.

What clothes should I bring/DRESS CODE

- Modest is hottest. For free time & kid connect time please bring modest shorts & shirts. NO bikinis or speedos if water sports occur. Tankinis are acceptable.
- ♦ Do not dress in a way that calls attention to their underwear (sagging pants, rolling down your waistbands, etc)
- ♦ Long sleeved shirts are recommended for service projects
- ♦ **For your safety, jeans & tennis shoes/boots MUST be worn for service projects. Sandals & shorts are not appropriate for these projects & can be deadly!**

What about girl stuff?

Please bring the necessary "girly" stuff you may need to get you through a week of camp. We will have an assortment of "girly" stuff on the trip should you run into any problems. If you need any supplies while on this trip *please* ask a female leader for assistance.

Bedding & Toiletries

Bring all your own linens and bedding for a twin bed. All toiletries are provided at the facility but you can bring your own if you wish.

First Aid & Safety Items

- **DO NOT FORGET** sunscreen & insect repellent!!!
- Make sure to bring a LABELED refillable water bottle.
- ♦ Also Bring work gloves & a hat for service projects
- ♦ Basic first aid equipment will be available such as Tylenol, Ibuprofen, band aids, antibacterial ointment, etc.
- ♦ If you must take prescription medication while on the trip please inform a leader at check-in.
- ♦ If you have an EpiPen allergy please make sure the leaders are aware prior to going on the trip.

ARMS OF HOPE RULES

BUILDING RULES - Be inside Hospitality room by 10 p.m. The doors are locked at that time. This is a campus-wide curfew. *Girls should not be in boys' rooms and boys should not be in girls' rooms.* Do not run in the halls.

FOOD – Breakfast is provided in the Hospitality café. Snacks are available anytime – help yourself. Lunch will be @ the gym. Supper will be provided at the cottages, gym or other locations. Please do not take drinks & snacks to your rooms or entry foyer (water is ok). Snacks & drinks will be available in Hospitality room during break time.

LAUNDRY – Please place your wet towels & linens in the baskets in the hall. They will be washed and returned.

SAFETY – Be aware of your surroundings. This is the country. Watch for wild animals, snakes, spiders and scorpions. Safety glasses, gloves & ear plugs are available at the shop for service projects.

HIPPA - **DO NOT** ask the kids direct, personal questions because this is against Privacy Laws and AOH policy. *Don't share cell phone or i-pods w/ our kids.*

WHAT NOT TO BRING

- Arms of hope provides towels, washcloths, soap, shampoo, conditioner, toothpaste, etc. Bring your own if you want to...
- Do not bring your electronic devices such as iPods, iPads, DVD/Blu-ray players, etc.
- Do not bring drugs, alcohol, or tobacco—DUH!
- NO water guns, water balloons, or weapons, etc.



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 _____(event), 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: _____ Date: _____

Signature: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address _____

Family members who are also "Friends of Arms of Hope" and your relationship: Example: Jon Doe - brother

For persons under 18 years of age – please complete. This person will be contacted in case of an emergency.

Print Name: _____ Date: _____

Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____ Phone #: _____

Complete Address: _____

Email Address _____

Witness:

Signature: _____ Date: _____

Print name: _____ Phone #: _____