

Faith in Action!



**Fourth Church Youth
Elevation WorkCamp
Special Olympics
June 11-14, 2009**

**Elevation WorkCamp
2009**

What

- An annual tradition with a lifelong impact that is one of the highlights of the Elevation year.
- Elevation youth (Grades 6 and 7) have a ton of fun, are motivated to do service, and grow immensely.
- We will be volunteering at the Illinois Special Olympics State-wide Competition.

Where

- Special Olympics at Illinois State University, Bloomington, IL
- Lodging: Calvary United Methodist Church, Normal, IL

When

- Thursday, June 11: Leave from Fourth Church at 6:00 p.m.
- Friday – Saturday: Special Olympics and other activities
- Sunday, June 14: Return to Fourth Church at 2:00 p.m.

Cost: \$225

- This cost covers travel, accommodations, meals, and more.
 - \$100 non-refundable deposit is due by **Sunday, April 19th**, along with your registration materials.
 - \$125 balance is due by Friday, June 5th
 - There will be an additional \$100 fee for participants that register after the April 26th deadline.
 - Make checks payable to "Fourth Presbyterian Church." Put "Elevation WorkCamp" on the memo line.
- Each participant should bring extra spending money for snacks and souvenirs.
- Full and partial scholarships are available. Please ask John for more information.

Fundraisers

- All participants are **REQUIRED** to work at least one shift at the Flower Sale fundraiser. The goal is to raise \$1,200 and get the church excited about our efforts.
- **Flower Sale: Sunday, May 10th**
 - **Shifts: 8:45–9:45, 10:15 – 11:15, 11:45 – 12:45**
 - Shifts will be filled on a first come basis, so sign up soon! Contact Anita Bright at 312.573.3364 or abright@fourthchurch.org to sign up for your shift!

Commissioning

- Elevation WorkCamp participants will be commissioned during the 11:00 worship service on Sunday, April 26.

Tentative Schedule

Thursday, June 11

Leave from Fourth Church at 6:00 p.m.
Stop for dinner en route
Settle in at lodgings for the night

Friday, June 12

Morning: Group building activities
Afternoon: Special Olympics
Evening: Reflection and free time

Saturday, June 13

Morning: Special Olympics
Afternoon: Group building activities
Evening: Reflection and free time

Sunday, June 14

Morning: Worship
Return to church at 2:00 p.m.

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**Elevation WorkCamp
2009**



REGISTRATION FORM

EWC

'09

June 11-14, 2009

Please fax, mail or drop off this form to Anita Bright at Fourth Presbyterian Church, 126 E. Chestnut, Chicago, 60611 or fax: (312) 312-787-4584. If you have any questions, you can call her directly at (312) 573-3364.

Name: _____ Date of Birth: _____

Address: _____
Street Apt. City State Zip

Home Phone: _____ Emergency Phone: _____

Parent(s) Name(s): _____

E-mail: _____ Parent E-mail: _____

T-Shirt Size (Adult Size): _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

Health Insurance Information: _____

Do you need Scholarship Assistance? Y or N If so, amount requested \$ _____

Would you like to contribute to the Scholarship Fund? If so, please list amount \$ _____

What events would you most like to volunteer for at the Special Olympics? _____

Fundraisers Sign-Up

I realize that participating in fundraising is an important part of my participation in the Elevation WorkCamp. I understand that I am REQUIRED to work at least one shift at the Flower Sale fundraiser on Sunday, May 10. Shifts: 8:45-9:45, 10:15-11:15, 11:45-12:45. Shifts will be filled on a first come basis, so sign up soon! (To sign up for your shift, contact Anita Bright at 312-537-3364 or abright@fourthchurch.org.)

(Signature of Participant)

(Signature of Parent)

Please complete both sides of this form and return it along with deposit and additional forms to Anita Bright by Sunday, April 19, 2009.

See page 2
Additional emergency
information needed



FLORIDA
FOURTH CHURCH
BOY SCOUTS
WOODS
2009

**Additional Emergency Information
Elevation WorkCamp
June 11-14, 2009**

Please list all medications currently taken by participant:

Please list all known allergies or medical conditions of participant:

Please list any dietary restrictions of participant:

Please list anything else the adult leadership team should know.

Please attach a copy of your Health Insurance information.

Registration Checklist

All of these items are due by Sunday, April 19.

Registrations submitted after this date will be subject to an additional \$100 fee.

- Registration Form
- Deposit of \$100
- Emergency Medical Information Form
- Copy of Health Insurance information
- Covenant

2008-2009 Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Fourth Church and individuals from liability in case off accident during activities related to Fourth Church, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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I give Fourth Church permission to include my child in photographs relating to Fourth Church activities (photos used for publicity purposes only).

Parent's/Guardian's Signature	Date
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Senior and Junior High Youth Group Covenant For Retreats, Lock-Ins and Work Camps

The Covenant

At this gathering, we will be doing our best to live together as a family in Christian community. Family life is based on unconditional love, respect for all members, trust, support and spending time with one another. To create and maintain this relationship of family and community, all participants -- youth and leaders -- agree to the following covenant:

1. I will welcome every individual as a member of our community, whether they are from Fourth Church or another church. I will treat other participants, leaders, staff, residents and personnel with respect at all times.
2. I will participate fully in all events as I am able and assist when asked. I will also seek to identify ways in which I can assist as a member of this community.
3. As a member of the Fourth Church youth group, all of my actions will display a Christian example. I will not use or possess alcohol, tobacco or illegal drugs. I will also refrain from inappropriate sexual behavior.
4. I will abide by the guidelines for conduct of any center or facility we are visiting and treat their property with respect.

I recognize that I am joining this Christian family and community and agree to abide by this Covenant when participating on retreats, work camps or lock-ins. I understand that if I break this Covenant, my parents may be notified and I may be sent home at my parents' expense.

Signature of Participant: _____

TO BE SIGNED BY PARENT/GUARDIAN:

I have read the Fourth Church Youth Group Covenant and understand that if my son/daughter breaks the Covenant and a decision is made to send him/her home, it will be at my expense, with the most appropriate and safest means of transportation determined by the discretion of Fourth Church youth group leadership. I also understand that trips such as this involve risk, and I agree to instruct my youth in appropriate behavior and I covenant not to sue Fourth Presbyterian Church, its ministers, their respective officers, and adult leaders.

Signature of Parent: _____

Date: _____