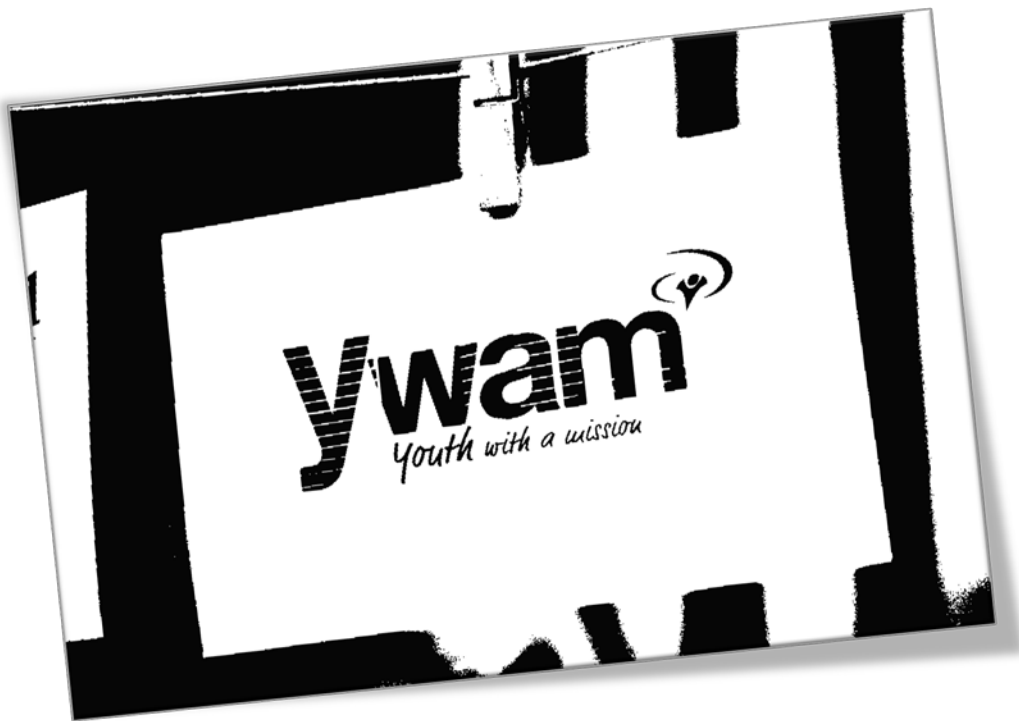


ST. MARK'S H.S. MINISTRY



SUMMER MISSION TRIP

June 16 – June 24 | 2012

LOUISVILLE, KY

Dear St. Mark's High School Parents/Guardians & Students,

We are thrilled to tell you about our High School Ministry Mission Trip for this summer! Partnering with YWAM-Louisville again this year will provide our team with the opportunity to take our eternal-impact on the people Louisville to the next level. This trip will be an incredible experience and we recommend your high schooler or graduated 8th grader join us! Additionally, please consider joining us as an adult leader.

Who: High School Students (will be as of Fall 2012, existing, or graduating 2012)

Where: Louisville, KY

When: June 16 – June 24, 2012

With: YWAM (Youth With A Mission) Louisville, KY

Who: YWAM Louisville, KY - We exist as a ministry because of our firm belief that God wants to use young people to impact the nations. Our staff combines years of experience leading cross-cultural ministry teams with a passion to see youth empowered to be used by God. For more information go to www.ywamlouisville.org

What: Join us in reaching a hurting generation in the inner-city of Louisville, KY. Prepare to be used by God to make an eternal difference in someone's life.

We have some great opportunities before us – *among them may be*

- Hands on work projects
- Drama Ministry
- Sports Ministry
- Relational ministry opportunities
- Sharing Jesus with the lost
- Special, fun outing for our free day
- Partnering with local ministries to minister and feed to the homeless
- Impacting children's lives through running Party In The Park (similar to a VBS)

Join us...Louisville & you will never be the same!

February 1, 2012

We only have space for 70 participants, and spots are first-come-first serve, so please sign up ASAP! Friends are always welcome to join us too.

Early-Bird Deadline is ~~December 8~~. Please note your registration will only be official *after* we've received your non-refundable deposit (\$75) and enclosed registration form.

For more information about the trip with YWAM – Louisville, KY please see enclosed documents. We hope and pray that you seriously consider participating in this mission trip! This experience will change your life – and God will use your life to change the lives of others!

Eager for what God's going to do,

Stephan Peck
Director of High School Ministry

Got questions or need more info? | Tami Foley tfoley@faith-life.org or 319.447.0100

((KEEP THIS))

St. Mark's 2012 Mission Trip – Louisville, KY

Financial Information

**Cost of Trip
Deposit (non-refundable)**

\$75

February 1, 2012

Early-Bird Registration Deadline

~~December 8, 2011~~
\$475

Standard Registration Deadline

April 5, 2012
\$525

Late Registration Deadline

After April 6, 2012
\$575

Special Notes

- Figures based on 70 participants
- *St. Mark's support comes from the St. Mark's Youth Ministry budget and the Easter Breakfast. It is important to note that the proposed number above is dependent upon a *successful* Easter breakfast.
- *Scholarships are available for students who want to attend but are unable to do so due to limited finances. We do not want finances to be the sole reason for a person not go. If you or someone you know is interested in applying for a scholarship, forms are available at the south information center, YM office, or upon request from Tami Foley tfoley@faith-life.org.*

((SUGGESTED)) Payment Schedule according to Early Bird Rate

(full payment is always welcome)

Sunday, Jan 8	\$80
Sunday, February 5	\$80
Sunday, March 4	\$80
Sunday, Apr 1	\$80
Sunday, May 6	\$80

**Checks made out to
Check Memo**

St. Mark's
HS Mission Trip ((& STUDENTS NAME))

Send checks* by mail to

8300 C Ave NE | Marion, IA 52302

*Check(s) may be dropped in offering plate, delivered to main office, or youth ministry office.

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((KEEP THIS))

St. Mark's Youth Easter Breakfast Volunteer Leadership Needs
(please sign up on trip registration form if willing to serve in one of these capacities!)

Event Coordinator(s) – point of contact for the event; communicate, support and follow-up with each of the coordinators.

Kitchen Coordinator(s)– organize procurement, set-up and cooking of food; work with the Donations Coordinator and Volunteer Coordinator to determine needs; supervise kitchen crew.

Volunteer Coordinator(s) – work to organize student and parent volunteers that are needed for Saturday set-up, Sunday for kitchen help, servers, cleaning crew, parking lot hosts, door greeters, final clean-up crew, etc.

Donations Coordinators – get list of items needed from Kitchen Coordinator; ask companies and individuals for donations of food and supplies and arrange for pick-up. A list of previous donors is provided; addition of new donors encouraged. This role is manageable and very rewarding, especially when begun just after the first of the year.

PR – put together announcements for the bulletins, newsletters; work with tech crew to get announcements in worship; possible newspaper announcement and/or signs for street entrances.

Grill Arrangements – Reserve the grill, organize pick-up, cleaning and return of grill; organize fuel (usually donated); test grill on Saturday before; put up canopy over grill (church has one); coordinate rotation of volunteers on pancake flipping duty Sunday morning.

Crowd Control Coordinators – Coordinate rotation and training of parking lot attendants and greeters on Easter Sunday; locate and distribute safety vests;

Decoration Coordinators – plan decorations for Fellowship Center (tables, etc.); organize set-up of decorations on Saturday (kids/parents will help).

Thrivent Matching Funds Administrator – a fairly simple yet *incredibly* valuable role to play! Submit proper forms to the appropriate branches of Thrivent Financial in order to receive matching funds. There are folks willing to help you through this process.

Clean Up Commander-in-Chief ☺ – This person(s) oversees the clean up process! Also means they come in later in the morning! Know the plan for clean up and see that the crew that works under you has fun completing this task!

Maître d' Coordinator

This person(s) will be responsible for the point of entry for all of our Easter breakfast guests. With the direct help of their table hosts they will oversee where guests will be seated in the dining room (The Crossings).

Money Coordinators

These persons will be responsible for managing all financial donations given during the Easter breakfast. They will retrieve all monies from the tables, organize and counting. Document donations.

Floor Manager

This person will be responsible for managing student shift rotations during the Easter breakfast. Students will check in and check out with this person.

St. Marks Youth Ministry Medical Release & Permission Form

Effective dates: Jan 2012 – Dec 2012

((RETURN THIS))

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Permission to Administer Tylenol Ibuprofen

I give Permission for St. Mark's adult leaders to administer Tylenol or Ibuprofen as directed on the medicine, if needed, to my child, _____.

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer
- Does your child have allergies to—
 pollens medications food insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
- Date of last tetanus shot: _____
- Does your child wear glasses contact lenses
- Please list and explain any major illnesses the child experienced during the last year:
 Additional comments: *(use reverse side if needed)*

St. Marks Youth Ministry Medical Release & Permission Form

((RETURN THIS))

Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

_____ sponsored by _____ (hereinafter the "Church")
St. Mark's Lutheran Church
NAME OF ORGANIZATION

From January 2012 to December 2012

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

((RETURN THIS))

To be filled out by applicants under 18 and their legal guardian.

Applicant

Legal Name (as it will appear in your passport) : _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

Applying for: _____ Dates: _____ to _____

Name of medical insurance provider: _____

Do you have any known health problems? (check one) Yes No If yes, please describe here: _____

Are you allergic to any medication? (check one) Yes No If yes, please describe here: _____

Are you taking any medication? (check one) Yes No If yes, please describe here: _____

Date of last tetanus inoculation: _____

Have the basic childhood series of three tetanus shots been given? (check one) Yes No

Do you have any special circumstances we should be aware of? _____

I certify that the above information is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program.

Signature _____ Date _____

Parent or Legal Guardian

Name: _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

Location: _____ Dates: _____ to _____

Waiver and Release of Liability

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against YWAM, its respective chapters (including YWAM Louisville), directors, officers, employees, and members (collectively the "YWAM Representatives"), and I hereby release and discharge YWAM and the YWAM Representatives from, and agree to indemnify and hold YWAM and the YWAM Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me and or the applicant now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, we are forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by YWAM or YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to the applicants attendance at the event.

I give permission for the applicant to attend the YWAM function to which they are applying. In addition, I give permission for the applicant to receive any medical treatment deemed necessary by a physician during the course of the function/trip.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Parent/Legal Guardians Signature: _____ Date: _____

Relationship to the applicant: _____