

# UMYF

## Appalachian Service Project June 25<sup>th</sup> - July 2<sup>nd</sup>

We are excited to be returning with our 10<sup>th</sup>-12<sup>th</sup> graders back to the Appalachia! We hope to see God move as we help repair homes, as well as lives.

## 9<sup>th</sup> Grade Mission Trip July 13<sup>th</sup> - July 17<sup>th</sup>

This year our 9<sup>th</sup> graders will be teaming up with our 7<sup>th</sup> & 8<sup>th</sup> Graders to go to Macon, GA where we will participate in River of Life. Cost is \$125.

# Dates

## Deep Creek

July 31<sup>st</sup> - Aug. 5<sup>th</sup>

Come with us to wrap up the summer as we travel to Deep Creek, NC to camp, tube, and relax for a week! Cost is \$150.



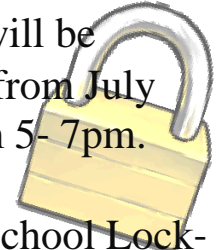
## We Have Youth Group...

Wednesday Nights! June 22<sup>nd</sup>, July 6<sup>th</sup>, July 20<sup>th</sup>, July 27<sup>th</sup>.

Join us for crazy games, frisbee, dock parties, and a lot more!

## Things to Look Forward To...

- A Stitch In Time: Terri Akin will be leading a sewing class for girls from July 18<sup>th</sup> - 22<sup>nd</sup> & July 25<sup>th</sup> - 29<sup>th</sup> from 5- 7pm. Cost is \$20.
- Aug. 19<sup>th</sup> - 20<sup>th</sup>: Blend (High School Lock-





**ISLE OF HOPE  
UNITED METHODIST CHURCH  
HEALTH/PERMISSION FORM**

**UMYF  
2011**

Forms must be **Filled out completely and return with payment** to IOH United Methodist Church before you will be **officially registered. Camp fees are Non- Refundable!**

Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade/Class Completed as of June 2011 \_\_\_\_\_ Gender **M** or **F**

Social Security # \_\_\_\_\_ Parent's) Name's \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Home \_\_\_\_\_

Emergency Contact other than parents: Name \_\_\_\_\_ phone \_\_\_\_\_

1. Please check any of the following that apply to the applicant:

Bronchitis \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Other: \_\_\_\_\_

2. List any allergies such as poison ivy, poison oak, bee stings or medication to which you are allergic: (describe)

3. Do you have any special dietary requirements? (Describe) \_\_\_\_\_

4. Are you currently taking any medications? (Describe and what for) \_\_\_\_\_

5. Are you currently under a physicians care? (Describe) \_\_\_\_\_

6. Are there any other medical or special needs that may occur while you are under the church's care?

7. Date of last Tetanus shot: \_\_\_\_\_

8. Do you carry family medical insurance? \_\_\_\_\_ Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**A Medical Doctor's Statement may be needed for special situations.**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**YES\_\_NO\_\_ I give my permission for the IOHUMC to seek and provide care for my child in case that any need arises (first aid and/or medical including natural disasters).**

**YES\_\_NO\_\_ I give permission for my child to be photographed and for photos to be used for ministry and/or promotional purposes.**

**I give permission for my child \_\_\_\_\_ to participate in any and all Summer Camp Activities.**

**INDICATE CAMP OF CHOICE:**

**ASP \_\_\_\_\_ River of Life Mission Trip \_\_\_\_\_ Stitch in Time \_\_\_\_\_ Deep Creek \_\_\_\_\_ T-Shirt Size \_\_\_\_\_**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_