



**District Mission Trip
Registration Form
Due Date June 1, 2019**



Last Name _____ First Name _____

Address _____

City, State, Zip _____ Email _____

Phone _____ Birthdate _____

District:

___ Greater Detroit (June 30—July 6)

___ Greater Southwest (July 14—20)

___ Heritage (June 16—22)

___ Mid-Michigan (July 28—August 3)

___ Midwest (August 4—10)

___ Northern Skies (June 23—29)

___ Northern Waters (August 4—10)

EMERGENCY MEDICAL INFORMATION

Date of last tetanus shot _____ Medications you take : _____

Contact Person _____

Contact Phone _____

Medicines you **CANNOT** take: _____

Food Allergies/Restrictions _____

Medical Insurance Information:

Company Name _____ Policy Number _____

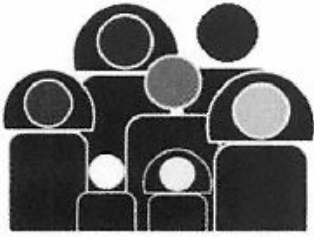
Phone _____ Policy Holder ID _____

Address _____ Relationship to Policy Holder _____

City, State, Zip _____

Physician Name _____ Phone Number _____

Return to: The Heritage District Office: Care of Rev. Ruth VanderSande at 900 S. 7th Street Ann Arbor MI 48103.



District Mission Trip Consent Form



Cass Community Social services began as the mission arm of Cass Community United Methodist Church. CCSS provides food, housing, health care and jobs for those in need in Detroit. Volunteers will participate in all areas of the CCSS program including but not limited to food prep, Green Industries, the developmentally disabled program, buildings and grounds projects and Tiny Homes projects. Participants will also be engaged in team building activities in the evenings. All volunteers understand that there is some inherent risks in all aspects of a trip such as this.

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while my child is a volunteer for Cass Community Social Services. Consent is given to accompanying adult volunteers and CCSS staff to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will be make the final decision in cooperation with medical personnel. CCSS carries liability insurance to cover expenses not covered by the volunteer's own medical insurance.

I grant and convey to CCSS all right, title and interest in any and all photographic images and video or audio records made during the volunteer's participation with CCSS. I also grant permission for CCSS to use photographs, videos, audio recordings, or to otherwise document participation in their programs, solely for the purpose of marketing, research and/or education. CCSS will not identify by name any minors in either print or web-based images.

Name of participant _____

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please provide a copy of your medical insurance card!

Heritage District Additional Information:

Form: Please check Heritage District on above form.

Dates: June 16-22, 2019.

Ages: Youth ages 13+

Cost: \$165 per person including food, lodging, materials and a t-shirt. Please make checks payable to *Heritage District UMC*. **Include check with registration form.**

Arrival: Transportation is not provided, please arrive at 1534 Webb Street Detroit, MI 48206. Please arrive Sunday June 16th at 4:00pm, at which time we will be gathering for a time of prayer over our week at CASS.

Pick-up: Please pick-up the youth at 1534 Webb Street Detroit, MI 48206. Pick up is Saturday June 22nd at 9:30 am.

Reminder: Lodging is provided, but bedding is the responsibility of the participant.

Send Form/Check to: The Heritage District Office: Care of Rev. Ruth VanderSande at 900 S. 7th St. Ann Arbor, MI 48108.

Further Questions: If you have any further questions please contact Rev. Ruth VanderSande at pastorruthiv@gmail.com.