

BACKYARD'S BEGINNINGS

JESUS STARTED BACKYARD A REALLY, REALLY LONG TIME AGO. HE PULLED TOGETHER A GROUP OF LOCALS AND TOLD THEM:

"DON'T BEGIN BY TRAVELING TO SOME FAR-OFF PLACE TO CONVERT UNBELIEVERS. AND DON'T TRY TO BE DRAMATIC BY TACKLING SOME PUBLIC ENEMY. GO TO THE LOST, CONFUSED PEOPLE RIGHT HERE IN THE NEIGHBORHOOD. TELL THEM THAT THE KINGDOM IS HERE. BRING HEALTH TO THE SICK. RAISE THE DEAD. TOUCH THE UNTOUCHABLES. KICK OUT THE DEMONS. YOU HAVE BEEN TREATED GENEROUSLY, SO LIVE GENEROUSLY. DON'T THINK YOU HAVE TO PUT ON A FUND-RAISING CAMPAIGN BEFORE YOU START. YOU DON'T NEED A LOT OF EQUIPMENT. YOU ARE THE EQUIPMENT, AND ALL YOU NEED TO KEEP THAT GOING IS THREE MEALS A DAY. TRAVEL LIGHT."

MATTHEW 10:5-10
THE MESSAGE



BACKYARD MISSION CAMP PITCHED ITS FIRST TENT FOUR SUMMERS AGO AND WE ARE SUPER-STOKED TO SEE WHAT GOD HAS PLANNED FOR 2019.

BACKYARD IS A SPIN-OFF OF EPWORTH'S SOS MINISTRY THAT HIT THE GROUND RUNNING IN 2014. SOS GATHERS ONE SATURDAY A MONTH TO MEET THE NEEDS OF NEIGHBORS IN OUR COMMUNITY. SOS HAS HAD A HAND IN MORE THAN 50 PROJECTS THAT RANGE FROM WHEELCHAIR RAMPS TO YARD WORK TO ODD JOBS. WE ALWAYS TRY TO FIND A WAY TO SAY "YEP, WE CAN DO THAT." BACKYARD EXTENDS THAT MONTHLY SERVICE PROJECT INTO A WEEK OF SERVING.

BACKYARD IS SELF-SUFFICIENT AND SELF-SUSTAINING. CAMPERS AND ADULT MENTORS SERVE AS CAMP STAFF AND ARE RESPONSIBLE FOR THE PROJECTS AND THEIR EXECUTION. WE DO PHYSICAL-TYPE PROJECTS LIKE HOME REPAIRS AND MINOR CONSTRUCTION IN ADDITION TO THINGS THAT ARE JUST ONE-ON-ONE VISITING AND EXPLORING WHERE WE LIVE.

OUR ADULT MENTORS HAVE LOTS OF MISSION EXPERIENCE AND ARE OUTSTANDING WORKING WITH STUDENTS.



CAMP ORGANIZER (A.K.A. CHAOS COORDINATOR) IS JEN HEDRICK WHO IS THE DIRECTOR OF YOUTH MINISTRY AT EPWORTH.

FOR MORE INFO YOU CAN CONTACT JEN AT DUHSCIPLES@GMAIL.COM OR TEXT/CALL 704.932.9328

FOLLOW OUR ADVENTURES ...



BACKYARD MISSION CAMP

GET OFF YOUR DONKEY  AND DO GOOD STUFF



EQUIPPING STUDENTS TO SERVE IN THEIR OWN BACKYARDS THROUGH HOME REPAIRS, RANDOM ACTS OF KINDNESS AND MEETING THEIR NEIGHBORS

GET OFF YOUR DONKEY



DO GOOD STUFF

JESUS TELLS THE STORY OF THE GOOD SAMARITAN TO MAKE SURE WE KNOW WE'RE SUPPOSED TO TAKE CARE OF OUR NEIGHBORS. HE ALSO WANTS US TO DO THAT WITHOUT SPENDING A LOT OF TIME QUESTIONING WHETHER OR NOT IT'S WORTH THE EFFORT ... AND JUST LIKE THE GOOD SAMARITAN, WE CAN'T BEGIN TO HELP ANYONE UNTIL WE GET OFF OUR DONKEY.

BACKYARD'S PREMISE IS RIDICULOUSLY SIMPLE; WE BRING TOGETHER A WHOLE BUNCH OF PEOPLE AND CAMP IN THE BACK FIELD AT EPWORTH UMC. EVERY DAY WE SEND THAT WHOLE BUNCH OF PEOPLE INTO OUR COMMUNITY TO DO GOOD STUFF. WE HELP OUR NEIGHBORS WHO NEED WORK DONE ON THEIR HOMES TO MAKE THEM SAFER AND MORE ACCESSIBLE. WE PRACTICE RANDOM ACTS OF KINDNESS FOR STRANGERS. WE SUPPORT LOCAL AGENCIES WHO WORK FOR THE BETTERMENT OF OUR COMMUNITY. WE PLAY WITH KIDS AND USE OUR GIFTS OF HOSPITALITY. WE SHARE MEALS, EXPERIENCES AND STORIES. WE LOOK AT THE WAYS GOD IS WORKING AROUND US. OUR TIME AT BACKYARD IS ALL ABOUT GETTING OFF OUR DONKEYS AND FINDING WAYS TO DO GOOD STUFF FOR OUR NEIGHBORS - SIMPLE AS THAT.



BACKYARD BASICS

- ⊙ SUNDAY, JULY 14 @ 4PM - FRIDAY, JULY 19 (DONE BY NOON)
- ⊙ MINIMUM AGE IS 12 YEARS OLD OR RISING 6TH GRADER
- ⊙ REGISTRATION CLOSES JULY 5
- ⊙ COST IS \$100 (NON-REFUNDABLE). GOES TOWARDS MEALS, CAMP SUPPLIES, BUILDING MATERIALS & T-SHIRTS.
- ⊙ BACKYARD HAS NO PAID CAMP STAFF
- ⊙ MEALS ARE PREPARED BY VOLUNTEERS
- ⊙ IF YOU RATHER NOT CAMP OVERNIGHT, YOU CAN HEAD HOME AND COME BACK IN THE MORNING! PLEASE INDICATE THIS PREFERENCE ON YOUR REGISTRATION!
- ⊙ THERE ARE NO SHOWER FACILITIES AT EPWORTH. MOST AFTERNOONS CAMPERS CAN ARRANGE TO LEAVE CAMP FOR ABOUT AN HOUR TO GRAB A SHOWER. WE ENCOURAGE CARPOOLING AND CAMPERS TO GO IN GROUPS. THERE MAY BE VARIATIONS ON SHOWER TIMES DEPENDING ON OUR SCHEDULE.
- ⊙ CAMPERS WILL BE DIVIDED INTO TEAMS WITH AN ADULT PROJECT MANAGER ON THE DAYS WE ARE DOING HOME REPAIRS.
- ⊙ WE WORSHIP EVERY NIGHT AND LOVE FOR GUESTS TO JOIN US.



SERVING & LOVING LOCALLY



SUNDAY: BACKYARD OFFICIALLY OPENS FOR TENTS, HAMMOCKS AND TINY HOUSES AT 4PM. WE'LL TAKE A LOOK AT THE WEEK AHEAD AND LAY SOME SPIRITUAL GROUND WORK. MORE IMPORTANTLY, THE OFFICIAL REVEAL OF THE 2019 BACKYARD MISSION CAMP T-SHIRT!



MONDAY & TUESDAY: YAY POWER TOOLS! THE FIRST TWO DAYS OF BACKYARD ARE EAR-MARKED FOR BUILDING PROJECTS. WE WANT TO MAKE HOMES SAFER AND MORE ACCESSIBLE FOR FOLKS SO BUILDING PROJECTS WILL INCLUDE THINGS LIKE WHEELCHAIR RAMPS, STAIRS, RE-DECKING PORCHES, ETC.



TUESDAY EVENING: WE'RE INVITING KIDS 3 AND UP (WITH THEIR PARENTS IN TOW) TO BE PART OF BACKYARD BUDDIES FOR A NIGHT. JOIN US ANY TIME AFTER 5PM FOR DINNER, WORSHIP, GAMES AND CAMPING OUT. STICK AROUND WEDNESDAY MORNING FOR PANCAKES AND BE PART OF OUR VBS IN THE PARK!



WEDNESDAY: NEW THIS YEAR! WE'RE HOSTING A ONE-DAY VBS FOR KIDS IN THE HARTSELL PARK COMMUNITY. WE'LL PLAN GAMES, LESSONS, CRAFTS, SONGS AND HEAD OVER WEDNESDAY AFTERNOON. WEDNESDAY EVENING WE'LL BE HOSTING A COOK OUT IN THE PARK FOR THE VBS KIDS, AND THEIR FRIENDS AND FAMILIES.



THURSDAY: VOLUNTEERING WITH LOCAL AGENCIES AND BEING IN OUR COMMUNITY DOING RANDOM ACTS OF KINDNESS. THURSDAY EVENING WILL BE OUR CELEBRATION DINNER, BACKYARD TALENT SHOW AND OFFICIALLY SANCTIONED SHENANIGANS.



FRIDAY: IT'S TIME TO HEAD INTO THE WORLD AND DO GOOD STUFF ON YOUR OWN! ONE FINAL FAREWELL AND THEN BREAKDOWN CAMP. SHOULD BE WRAPPED UP BY NOON.



GET OFF YOUR DONKEY AND REGISTER

JUST LIKE BACKYARD, REGISTRATION IS PRETTY PRIMITIVE SO YOU'VE GOT SOME PAPERWORK TO DO. DOWNLOAD FORMS AT EPWORTHNC.COM OR E-MAIL JEN HEDRICK AT DUHSCIPLES@GMAIL.COM AND SHE'LL SEND YOU THE FORMS YOU NEED. COMPLETED REGISTRATION FORMS AND \$100 PAYMENT (PAYABLE TO EPWORTH UMC) CAN BE MAILED OR DROPPED OFF:

BACKYARD MISSION CAMP
ATTN: JEN HEDRICK
1030 BURRAGE RD. NE
CONCORD, NC. 28025

BACKYARD



2019 MISSION CAMP

GET OFF YOUR DONKEY AND DO GOOD STUFF
SUN JULY 14 – FRI JULY 19 . EPWORTH UMC

EQUIPPING STUDENTS TO SERVE IN THEIR OWN BACKYARDS THROUGH HOME REPAIRS,
RANDOM ACTS OF KINDNESS AND MEETING THEIR NEIGHBORS.

Return completed registration forms with \$100 non-refundable camp fee by July 5.
Make checks payable to Epworth UMC & indicate "Backyard" on memo line.

BACKYARD MISSION CAMP @ EPWORTH
ATTN: JEN HEDRICK
1030 BURRAGE RD NE CONCORD, NC 28025

PHYSICALS ARE REQUIRED ONLY IF YOU HAVEN'T HAD ONE SINCE JULY OF 2017



REGISTRATION & CAMPER INFORMATION:

I AM REGISTERING FOR: FULL BLOWN BACKYARD MISSION CAMP (STAYING OVERNIGHT EACH NIGHT)

PLAN B BACKYARD MISSION EXPERIENCE (PREFER TO STAY AT HOME AND ATTEND DURING THE DAY)

CAMPER NAME: _____ DOB: ____/____/____

HOME ADDRESS _____

STREET#

CITY

ZIP

PHONE: _____ WHAT GRADE ARE YOU IN? _____ @ WHAT SCHOOL? _____



ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF HONESTLY. THIS WILL HELP DETERMINE HOW YOU ARE PLACED ON A TEAM AND HOW WE CAN USE YOUR SKILLS AND EXPERIENCE.

ARE YOU SOMEONE WHO LIKES TO FOLLOW OTHERS OR DO YOU PREFER TO LEAD? _____

WHAT ARE SOME OF YOUR STRENGTHS? _____

WHAT DO YOU LOVE ABOUT WHERE YOU LIVE? _____

WHAT WAYS HAVE YOU SERVED IN YOUR COMMUNITY? _____

WHAT SKILLS CAN YOU SHARE WITH BACKYARD MISSION CAMP? _____

WHY DO YOU WANT TO BE A BACKYARD MISSIONARY THIS SUMMER? _____



T-SHIRT SIZE (CIRCLE ONE)

ADULT: 3 XL 2XL XL L M S

YOUTH: XL L M S XS

 **PARENT+GUARDIAN INFO . EMERGENCY CONTACTS . MEDICAL HISTORY**

PARENT/GUARDIAN NAME(S): _____ RELATIONSHIP TO CAMPER: _____

#'S: CELL: _____ HOME: _____ WORK: _____ OTHER: _____

PARENT/GUARDIAN NAME(S): _____ RELATIONSHIP TO CAMPER: _____

#'S: CELL: _____ HOME: _____ WORK: _____ OTHER: _____

IN CASE OF AN EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP TO CAMPER: _____ #: _____

NAME: _____ RELATIONSHIP TO CAMPER: _____ #: _____

NAME: _____ RELATIONSHIP TO CAMPER: _____ #: _____

PRIMARY PHYSICIAN _____ PHONE #: _____

DENTIST: _____ PHONE #: _____

OTHER: _____ PHONE #: _____

INSURANCE PROVIDER: _____ NAME OF POLICY HOLDER: _____

POLICY NUMBER: _____ PHONE#: _____

PLEASE MAKE A COPY OF MEDICAL INSURANCE CARD & ATTACH IT TO CAMP REGISTRATION

 **MEDICAL HISTORY TO BE COMPLETED BY PARENT+GUARDIAN IF CAMPER IS A MINOR**

* **ALLERGIES:** LIST ALL ALLERGIES OR ALLERGY CONCERNS (ENVIRONMENTAL, INSECTS, FOOD, MEDICINE, ETC)

* **IS CAMPER UNDER A DOCTOR'S CARE?** NO YES (IF YES PLEASE DESCRIBE)

*** MEDICATIONS:** LIST ALL MEDICATIONS CAMPER IS CURRENTLY TAKING (BOTH OTC & PRESCRIBED BY DOCTOR)

*** PLEASE DESCRIBE MAJOR ILLNESSES, HOSPITALIZATIONS OR SURGERIES IN PAST THREE YEARS:**

*** DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES:**

*** DESCRIBE ANY BEHAVIORAL CONCERNS YOU MAY HAVE:**

*** ANYTHING WE SHOULD KNOW THAT WE DIDN'T ASK?**



SIGNATURE OF PARENT/GUARDIAN

DATE

BACKYARD



2019 MISSION CAMP

MEDICAL CONSENT & LIABILITY WAIVER

EPWORTH UNITED METHODIST CHURCH
1030 BURRAGE RD NE . CONCORD, NC 28025
704.786.6183 DUHSCIPLES@GMAIL.COM

AGREEMENT TO PARTICIPATE

I understand the objective and goals of the Backyard Mission Camp. I agree to participate in community service projects and camp activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the camp activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate and after due consideration of my own physical health, physical abilities and medical conditions. I have informed Epworth's Director of Youth Ministry and/or the Backyard Mission Camp medical volunteers of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any illegal chemical substances including alcohol.

CAMPER'S PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

LIABILITY RELEASE

I willingly and knowingly assume for myself, my heirs, family members, executors, administrations and assigns all risk of physical injury and sickness and emotional upset which may occur during or after participating in any aspect of the projects or camp activities and hereby agree to hold Backyard Mission Camp at Epworth United Methodist Church, Inc., its employees, members, or trustees harmless for any liability arising out of my participation in the event. Also, I hereby give permission for photographs taken of my child/me during this event to be used in camp and/or church publicity, reports and recruitment.

I have read, or have had read to me, all information regarding the Backyard Mission Camp my child is attending at Epworth United Methodist Church, Inc. including policies, procedures, limitations, and possibilities, and have discussed these with my child as named above. My child, as named above, has permission to participate fully in all camp activities. Any exceptions are designated below:

EXCEPTIONS:

PARENT/ GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

PHYSICALS ARE REQUIRED ONLY IF CAMPER HAS NOT HAD EXAM SINCE JULY 14, 2017



HEALTH EXAM/RECORD FOR CAMPERS

PLEASE RETURN COMPLETED FORM ALONG WITH REGISTRATION PACKET

Name _____ Date of Birth _____ Contact #: _____

Parent/Guardian Address _____
STREET CITY/STATE ZIP

Name of Emergency Contact/Relationship _____ Emer. Contact #: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Note to Examiner: Camp projects may include some or all of the following: minor home repairs (using both manual and power tools), yard work, debris removal, lifting/carrying and using ladders.

DATE OF EXAM ____/____/____

_____ May participate in all camp activities
_____ May participate except for:

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? NO YES

If yes, indicate names of medications & dosage instructions _____

Does the individual have allergies? NO YES Explain: _____

Is the individual on a special diet? NO YES Explain: _____

Does the individual have special needs? NO YES Explain: _____

This camper/volunteer is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices (you may also attach a copy of individuals immunization record):

	YES	NO		YES	NO	COMMENTS:
Measles			Hepatitis B			
Mumps			Diphtheria			
Rubella			Pertussis			
Chickenpox			Pneumococcal conjugate			
Tetanus			Polio			

Print name of medical care provider: _____

Medical care provider's address: _____

Signature of Physician, PA: _____