

IMPACT LANSING

MISSION/SUMMER CAMP



WHEN: July 7 - 13, 2019

COST: \$249 per person

WHO CAN COME: Exiting 5th to Exiting 8th Graders

CHECK IN: 5 PM on July 7

PICK UP: 12 PM on July 13

WHERE: Hosted by South Church

5250 Cornerstone Drive, Lansing, MI 48917

WEBSITE: IMPACTLANSING.COM

CONTACT: Impact Lansing Director - Christie Moore
 impactlansing@gmail.com

WHAT TO BRING:

- Each person can bring ONE large duffel bag or medium suitcase.
- Air Mattress / Cot (Single size mattresses only.)
- Pillow & Sleeping Bag / Sheets, Blanket
- Modest Bathing Suit
 (Girls need to wear a modest one-piece or "tankini." If you don't have that then you will have to wear a t-shirt over your bathing suit at all times.)
- Two different outfits for each day are recommended: One to work / play in, and one to wear afterward. No spaghetti strap tank tops, low cut or mid-drift shirts, short shorts, or t-shirts with offensive messages or images.
- Modest Pajamas
- Tennis Shoes
- Shower Shoes
- Towel & Washcloth
- Soap, Shampoo, Deodorant, Toothbrush, Toothpaste, etc.
- Flashlight
- Work or Garden Gloves
- Bible
- Pen or Pen / Journal or Notebook
- Medication (Please give a list of medications you are bringing and a list of any instructions when you check in.)
- Camera (if desired)
- Spending Money (if desired)

WHAT NOT TO BRING:

- Cell Phone. NO EXCEPTIONS!
- Video Game Systems
- iPods, Mp3 Players, etc.
 will only be allowed at bedtime
- NO Secular Music
 If you are caught listening to something we find inappropriate we will keep your device for the rest of the trip.



IMPACT LANSING REGISTRATION

Return this application with \$249 payment by June 16, 2019

STUDENT NAME: _____

BIRTH DATE: _____ AGE: _____

SCHOOL: _____ CURRENT GRADE: _____

PARENT NAME(S): _____

HOME PHONE #: _____ CELL PHONE #: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

CHURCH YOU ARE ATTENDING WITH: _____

T-SHIRT SIZE (circle one): CHILD -- M L XL ADULT SIZE -- S M L XL XXL XXXL

INSURANCE CARRIER: _____

POLICY NUMBER: _____

ALLERGIES / HEALTH CONCERNS: _____

ANYTHING ELSE WE SHOULD BE AWARE OF CONCERNING YOUR CHILD? _____

I give permission for my child's image to be used in any future promotional materials for IMPACT Lansing.

PAYMENTS:

- Application and \$249 payment are due by June 16, 2019 in order to participate in this event. There will be NO REFUNDS granted after June 16, 2019.
- I understand that while participating in IMPACT Lansing, I will be representing God to the Greater Lansing area. I commit to serving in a positive way so that my actions, words, and attitude will be a reflection of Christ's love to the IMPACT Lansing team, leaders, and Greater Lansing community.

Participant Signature _____

Date _____

LIABILITY RELEASE AND CONSENT

I give permission for my child to participate in IMPACT Lansing. I release IMPACT Lansing, it's staff and representatives from any liability resulting from injury, harm, or death associated with this project and / or events associated with this trip, and give my permission and consent for such travel as is necessary for this trip. I give my consent for leaders to seek medical treatment for my child if I am unable to be reached.

Parent / Legal Guardian Signature _____

Date _____