



2018 SUMMER SERVICE EVENT

June 21st – June 24th

Chicago, Illinois

SERVICE:

Our team will be partnering with Habitat for Humanity at two sites. Youth ages 16 and older will be at the work site constructing a home on the Southside of the city while those under the age of 16 will volunteer at the ReStore. ReStore is a secondhand home improvement shop where items are donated and then sold to support the mission of Habitat for Humanity Chicago. Older youth may choose to work at the ReStore.

SCHEDULE:

Thursday, June 21st : Depart for Chicago (dinner on the way), group building, lights out

Friday, June 22nd : Breakfast near campus, work 8-3 (lunch at site), deep dish pizza dinner

Saturday, June 23rd : Breakfast near campus, work 8-3 (lunch at site), sun set kayak tour

Sunday, June 24th : Church in Chicago, depart for Indianapolis (lunch on way back)

HOUSING:

Our group will be housed at Concordia University Chicago just 10 miles West of the city. Youth will be put in dorm rooms in pairs where they will have their own bed and access to gender separated shared bathrooms. CUC also provides multiple food choices.

TRANSPORTATION:

We will take as many vehicles as needed to fit our group. This will help with transportation to and from our housing location and work sites.

COST: Estimated \$250-\$400

- Registration fee: \$150
- Housing: \$75
- Meals: \$100
- Kayak tour: \$75

PAYMENT PLAN

- \$165 Registration due March 18th
- \$150 Build costs due May 13th
- \$85 for meals due June 10th

**REGISTRATION
PAPERWORK AND
PAYMENT DUE BY
SUNDAY, MARCH 18TH.**



**REGISTRATION
ON BACKSIDE.**

GROUP COVENANT

Youth

By signing this group covenant I am committing myself to serving Christ and the people of Chicago by volunteering my time and abilities to Habitat Chicago. I understand this commitment requires a positive attitude and a cooperative spirit. It is my intention that throughout this event, I will conduct myself in a way that reflects the same attitude, spirit, and love that we receive from Christ.

I understand that there is a financial aspect of this commitment. I plan to honor that commitment by being present and active in the group's fundraising efforts. I acknowledge that a lack of involvement in group fundraising will lead to loss of funds from those events and will require individual fundraising.

I realize that a trip of this nature requires a relationship of trust with the rest of the group, including my group leaders. I agree to help build this relationship by committing to being present for at least 50% of our group's weekly events leading up to our trip.

Parents

By signing this covenant I am committing to support my child in all of the requirements listed above.

PARTICIPANT INFORMATION

Name:

Cell Phone Number:

Age at time of event:

Build Site

or

Restore

Signature: _____

PARENT INFORMATION

Name(s):

Cell Phone Number(s):

Signature: _____

Signature: _____



Medical Release Form

Please fill out all portions of the form. If it is not applicable to you, please put N/A.

Youth Name: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ DOB: _____
Father's name: _____ Cell Phone: _____
Mother's name: _____ Cell Phone: _____

Medical Treatment Permission: I grant permission for my child to attend _____ . If you and the physician named above cannot be reached in an emergency and, if in the judgement of the present adults, immediate medical and/or hospital attention is indicated, do you authorize responsible authorities to take your child, properly accompanied, to an available hospital or physician?

Yes _____ No _____ Date _____

Signature of parent or guardian

Please use the space provided to note any of your child's limitations or conditions that group leaders should be aware of. This may include allergies, injuries, and the like. Please also list any medications and directions of use that will be sent with your child.

I, the undersigned, hereby authorize an authorized adult to administer the medication(s) described above according to the recommended dosage(s) given above, if and when necessary.

Date _____

Signature of parent or guardian _____

Hospital Insurance: Yes No

Insurance Company _____

Policy Number _____

Emergency Phone Numbers _____

Participant _____ Date

Father _____ Date

Mother _____ Date

Legal Guardian _____ Date