

Parent Packet



June 29-July 2, 2017

The Vision of Summer of Service:

To impact the geographic community of Michiana with the life-changing love of God, and to build a high level of community among 6th-8th grade students.

We **LOVE** Our Community

www.summerofservice.net

Hello parents,

We are so excited to write you this letter about SOS Student Weekend 2017! The vision of the SOS Student Weekend movement is two-fold: to impact the geographic community of Michiana with the life-changing love of God, and to create a high level of student-community among 6th-8^h graders. Our desire is that your child(ren) will encounter God in a very new way through service. We have found that students grow in their faith journey when they put their faith to work for others. Through intimate worship, amazing teaching, and creative service opportunities, your child(ren) will experience a renewal of their faith that will make sense to them as they grow in Christ. We'll check in Thursday night, June 29th at Bethel's Everest-Rohrer Auditorium between 5:30-7:00pm. **Please note that we won't be eating dinner on Thursday night, make sure your student eats before they arrive.** We'll have a Party on the Lawn from 5:30-7:30pm on Thursday during registration with fun, games, and snacks. Pick up will be on Sunday, July 2nd at 12:15pm at Bethel's Everest-Rohrer Auditorium.

Cost is \$85. Register online at thevineyard.org. **Must** also complete the attached registration forms.

Need to Know Info:

Parents, if you have questions please feel free to contact your youth leader or Lai Ashenfelter at 574-258-5513 x. 104 or LAshenfelter@rivervalley.net.

Each student must have an Individual SOS registration on file with SOS. This should be turned in to Matt LaFree, Sam Mock, Resource Center, church office or emailed to nancy@thevineyard.org no later than April 30th.

We will be meeting at 5pm at The Vineyard Church and taking the church bus to Bethel College.

At registration, students will be given a nametag that indicates a room and workgroup assignment. Students must wear their nametag around their neck at all times!

Any students with food allergies will have a station available each morning in the dining commons to pack their own gluten/peanut free lunch for workdays (Friday and Saturday).

For check out please collect your student in the ER(Everest-Rohrer Chapel/Fine Arts Center) (maybe plan a location that you'll meet on Sunday) and then collect the student's belongings from their dorm room.

Your student and/or church will be responsible for any damage to dorm rooms or Bethel property.

It may be helpful to have students put their initials in the items that they are bringing. Any lost items will be kept for one month and then donated to Goodwill. Please call Lai Ashenfelter at 574-258-5513 x. 104 to see if your lost item was brought to the Lost and Found.

Packing List:

- Bible
- Pen and Paper / notebook or journal
- Sunscreen & Sunglasses
- Work glasses
- Tennis shoes (or other hard sole shoes)
- Toiletries (Toothbrush and toothpaste, deodorant, personal hygiene products, towel, hand towel, hand soap, etc.)
- Any necessary or prescribed medication
- Pillow and Sleeping Bag (alarm clock if needed!!)
- Air mattress (if checked) _____
- Clothes for 4 days of work and play (including clothes for car wash and painting projects)
- Towel for showering and towel for car wash day and other fun activities

FULL LIST CAN BE FOUND ONLINE: summerofservice.net/pack4SOS

FAQs

Who can be a part of SOS Student Weekend 2017?

- Summer of Service (Mish) is open to all students in entering 6th grade through 8th grade.
- All sessions are open to parents, senior pastors, & church family. Come see what we're about!



How much does this cost?

- Registration fee of **\$85 per student** covers 3 nights stay at Bethel's College Campus, 2 SOS 2016 t-shirts, and 7 meals. Please pay online at thevineyard.org

How does lodging work?

- During registration on Thursday (at Bethel's Everest-Rohrer Chapel/Fine Arts Center) at 5:30pm, students will be assigned a room and a roommate. All students will be paired with a roommate, (you can suggest roommates on the group registration form, we will make every effort to honor these requests). All adult volunteers will be issued keys that opens that gender dorm entrances and floor doors. Each church will be responsible for all keys (a lost or stolen key will result in a \$50 incident charge to your church). Your church will also be responsible for any damage to dorm rooms or Bethel property.

Any other random bits of info that I need to know?

- We're glad you asked! Here are a few items that also are pertinent to know:
 - Note: Friday lunch will be Chick-Fil-A; Saturday will be Peanut Butter and Jelly sandwiches; If your student has a food allergy there will be a station for them to pack peanut/gluten free items each morning before they leave for worksites.
 - Please double check that your students gather all their items before they leave Bethel. Any lost items will be kept for one month and then donated to Goodwill. For lost items call Lai Ashenfelter at 574-258-5513 x. 104.
 - We will not be providing dinner on Thursday night so make sure your students eat dinner BEFORE they arrive.
 - **We are capping SOS Registration at 675 individuals this year so make sure to get your registrations in early to guarantee your spot!**

SOS Nurse and Health Information

SOS Student Weekend has a registered nurse at registration to accept medications and provide simple first aid care and advice for the weekend. There will be a table at registration night to check in any medication that may be needed for the weekend or ask any questions that you may have as you register your student.

Breakfast and dinner medications will be given in the dining commons each morning and night.

Please note: Lunch medications will be placed in a Ziploc bag, labeled, and sent with the work group leader to be given at lunch.

Our nurse, Lori, is available at anytime during the day for any questions or emergencies that you may have. Please don't hesitate to contact her with the information below!

SOS Nurse - Lori Fisher
Daytime Cell: 574-286-8634
Evening Home: 574-675-9505

Important Dates and Information

helping you get involved & plan ahead for SOS Student Weekend



- Beginning of April –
- Join the SOS Team in prayer
- April and May –
- Check out Facebook, Instagram, Twitter for other promos then SHARE!

- May 9th to 25th –
 - Download packing list www.summerofservice.net/pack4SOS
- June 25th –
 - Make sure to ask, gather, and turn in collective donation item that your group is responsible for (check with youth pastor/leader).
- June 29th –
 - Students meet at The Vineyard Church at 5pm. Will then head to Bethel to register at Everest-Rohrer Auditorium for registration from 5:30-7:30pm.
 - Party on the Lawn begins at 5:30pm, get there early to enjoy mini welcome celebration!
 - Make sure your students eat dinner, we will not be having dinner on Thursday night.

Note: Registration caps at 675 individuals, so get your registrations in early to guarantee your spot!

PREVIEW OVERVIEW OF THE

SOS Student Weekend Schedule

Tshirts: Friday-Students wear ???, leaders wear ???. Saturday-Students wear ???, leaders wear ???.

Thursday, June 29th

5:30-6:30pm – Registrations
(Bethel's Everest-Rohrer Auditorium)
5:30-7:30pm – Party on the Lawn
7:30-8:30pm Evening Session*
*Mid-session Leaders Meeting
(Lower Level of the Everest Rohrer)
8:30-9:30pm “Debrief” Time
9:30-10:30pm Workgroup Event
(Gym)
11:00 In Dorms
11:30 Lights Out

Friday/Saturday, June 30th- July 1st

7:30-8:00 Morning Leader Meeting
(Dining Commons)
8:00-8:45am – Breakfast (DC)
8:45-9:15 – Morning Session (ER)
9:30 – Dismiss to worksites
10:00-1:00– Work Sites #1
12:30 – Lunch (on site)
1:30-4:00 – Work Sites #2
4:30 – Return to Bethel
5:00 – Dinner (DC)
6:15 – Evening session (ER)
8:30 – Group “Debrief” Time
10:00-11:00 – Late Night Options
11:30 am – Lights out

Sunday, July 2nd

8:00-9:30 – Celebration
Breakfast (Dining Commons)
10:30-12:00 – Final Session
12:15 – Dismissal Bethel
College (Everest-Rohrer
Auditorium)

Emergency Contacts for SOS Student Weekend Overall:

Lori Fisher-Nurse (River Valley Church) Daytime Cell: 574-286-8634 Evening Home: 574-675-9505
Mark Gardner (Faith Community Church) 574-274-6565
Lai Ashenfelter (River Valley Church) 574-261-6713

****Return forms by April 23****

June 29- July 2, 2017
Individual Registration Form

Student Name: _____ M ___ F ___

Student Cell: _____ Home Church: _____

Home Church Leader Name: _____ Leader Cell: _____

Parent/Legal Guardian Name: _____

Phone (Home) _____ (Cell) _____

(in case of emergency we will use this #)

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

T-shirt Size (adult sizes): _____ Grade in '17-'18: _____ Years I've attended SOS: _____

Would like to room with: _____

(please choose 2 roommates, we will try out best to honor this, but cannot guarantee placement)

My student will be leaving SOS over the weekend for a previous engagement

Please keep these limited to summer school or require activities, if it's at all possible for you to be here, then really BE HERE, not in and out! A work matrix and schedule will be available for your viewing during registration. It is the parent responsibility to provide transportation to and from all non-SOS engagements.

Reason for leaving: _____

Date: _____ Time Leaving: _____ Time Returning: _____

My student enjoys artistic projects: Yes ___ No ___

Medical Concerns/Accommodations needed: _____

If medication will be given at SOS this medication will be given by: SOS Nurse ___ Church Leader ___

(please keep medication in original bottles)

Breakfast Medication (name, frequency, and dose) _____

Lunch Medication (name, frequency, and dose) _____

Dinner Medication (name, frequency, and dose) _____

Bedtime Medication (name, frequency, and dose) _____

Immunizations are up to date: Yes ___ No ___ If No is checked please explain: _____

Food Allergies/Dietary Concerns: _____

Note: Friday lunch will be Chick-Fil-A; Saturday will be Peanut Butter and Jelly sandwiches

If your student has a food allergy there will be a station for them to pack peanut/gluten free items each morning before they leave for worksites.

I/We the undersigned, parent or legal guardian for the above-name child, do hereby give permission to Summer of Service Student Weekend ("SOS") and its representatives to obtain any necessary medical treatment for my child during the conduct of any program, ministry, or activity sponsored by SOS. In case of injury I/We authorize SOS personnel to transport the camper to obtain appropriate medical care. I/We give permission for the physician or other medical personnel to hospitalize, secure appropriate treatment for, to order injection, anaesthesia, x-rays, imaging, surgery, or other treatment or procedures deemed necessary for the camper named herein. I/We agree to pay for all costs associated with said medical treatment. **I/We give permission for my child to receive over the counter medication if needed and without notification (most commonly, but not limited to Tylenol, Ibuprofen, antacids, Benadryl, cortisone topical creams, and cold remedies) for the relief of mild aches and pains.** For and in consideration of SOS allowing my child to participate any SOS event, the undersigned, for himself/herself, assigns, heirs, and next of kin ("Releasers"), release, waive, discharge, and covenant not to sue SOS or their employees, officers, members, elders or agents ("Releasees"), on account of injury or death to my child or injury to the property of my child, whether caused by the negligence of the Releasees or otherwise, while my child is participating in a SOS event. As the parent/legal guardian, I/we are responsible for becoming fully aware of the risks and other hazards inherent in the SOS events in which my/our child will participate. Understanding this obligation, I/we permit my/our child to participate in SOS events, and I/we voluntarily assume all risks involved in the SOS events and all other risks of loss, damage, or injury that may be sustained by my child while participating in a SOS event.

Insurance Company Name: _____ Policy #: _____ ID #: _____

Family Dr.: _____ Phone #: _____

The undersigned warrants that he/she has fully read and understands this liability release agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned. This medical treatment form and liability release shall remain valid and enforceable from the date listed below until I withdraw my consent/release by providing written notice to SOS.

I DO ___ DO NOT ___ give permission for SOS to use pictures/video footage of my child as they deem appropriate for SOS Student Weekend marketing and promotion.

Signature of parent or legal guardian (REQUIRED)

Date



Vineyard Student Ministries

MEDICAL RELEASE/PERMISSION FORM

In order that we may have a thorough picture of your student's medial history, and to help us serve your student in the case of an emergency, we ask that you complete the following form.

I hereby give my permission for my student to participate in Vineyard Student Ministries activities, including transportation as required. This form is for the program period beginning January 1, 2017 and ending December 31, 2017.

Student's Name _____ Date of Birth _____

Parent / Guardian's Name _____

Parent / Guardian's Address _____

Parent / Guardian's email address _____

Father's home phone _____ Father's cell phone _____

Mother's home phone _____ Mother's cell phone _____

Emergency phone _____ Family Doctor _____ Phone _____

Name of insurance carrier _____ Name on policy _____

Policy # _____ Group # _____

Any drug/food allergies _____ Last tetanus shot _____

Recent illness/operation info _____

Medication presently taking _____

Any other important information that we should know: (use back if necessary)

In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be contacted, I hereby authorize Vineyard Student Ministries Leaders to secure the services of a physician and/or dentist who may hospitalize, secure proper treatment for, use ambulance, and order injection, anesthesia, or surgery for the above named minor. It is understood that this authorization is given in advance of any emergency situation, but is given to provide the authority and power to Vineyard Student Ministries Leaders to give specific consent to any and all such diagnosis, treatment or hospital care that may become necessary. Please note: the parent or guardian of the student participant will be responsible for any accident or injury resulting in the need for medical services. I understand that failing to disclose any medical conditions may result in the inability of Vineyard Student Ministries leaders to serve my student.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

