



The Diocese of Northern Indiana

Let us Love

June 10-16, 2018

John 15:12 This is My commandment, that you love one another as I have loved you.

Diocese Office

Date received by the Diocese: _____

Amount received with registration: _____



Sr. High Mission Team Registration Form

Students
Name _____

Address _____

City _____

State _____ Zip _____

Phone# _____

Email _____

Home Parish & City _____

Date of Birth _____

Grade entering in fall of 2017 _____

Male or Female _____

T-Shirt Size: Youth - S M L

Adult - S M L XL XXL

Please fill out the registration form and send it with your deposit of \$50 made payable to:

The Diocese of Northern Indiana
Attn: Sr. High Mission Team
117 N. Lafayette Blvd.
South Bend, IN 46601

If you have questions: please feel free to call me at #574-551-3087 or email: cjbianchini@comcast.net

Sr. High Mission Team is for Youth who are entering 10-graduating seniors.

We will be housed at the home of Larry and Kim Frank, 811 Wells Ct., Dyer, IN 46311.

The cost for Sr. High Mission is \$250. To apply for the mission team, please fill out the application form and return it with your deposit of \$50 by June 1, 2018.

Applications received after June 1, 2018 will be charged a **late fee** of \$25.

We will sleep and eat most of our meals at the Franks home. We will serve others at various locations within an hour of their home. We will also have other activities and plan to spend one day on a special outing.

The items in this packet are on the Diocese Web site: www.ednin.org:

- Application form
- List of items needed with arrival time and location where we will be staying.
- Medical Forms – must be completed.
- Sr. High Missions Team Community Covenant, must be signed by the youth participant, parents and Rector or Youth Leader from your parish.

March 15, 2018

Dear Sr. High Missions Applicant;

Greetings! We are looking forward to another great year of mission opportunities this summer. We are making plans to serve in the C.E.M.P. Deanery and we are looking forward to our hearts being filled with the Holy Spirit in service.

Our week of missions will be held from our base site at the home of Kim and Larry Frank. We will be staying at their home located at 811 Wells Ct., Dyer, IN 46311.

Please plan to bring:

- Clothing for 7 days+ extra in case of rain or over sweating, we will be working outdoors and indoors, cleaning, painting, yard work...whatever needs done.
- Modest pj's
- Modest bathing suit along with beach towel & flip flops
- Modest shorts (not too short) and modest shirts
- Underclothes, socks and shoes (closed toed)
- A jacket or sweatshirt in case it gets chilly
- You will need sleeping bag & pillow, you may bring a twin size air mattress for comfort
- Towels & washcloths
- Last but not least you need all of your toiletries for showering
- Don't forget your tooth brush and tooth paste and deodorant
- Bug spray

Very Important things to bring!

- Please bring your Bible & Book of Common Prayer if you have them.
- Medical forms, filled out and signed by your parents.
- The Sr. High Mission Community Covenant, read and signed by participant, parents and priest.

What not to bring:

- Pocket knives
- Lighters

If you have any questions, please feel free to call me @ 574.551.3087 or e-mail me at cjbianchini@comcast.net (*please note that this will be the emergency number).

We will have the balance information at registration. We look forward to seeing all of you on June 10.
Arrival time for teens is 4 p.m.

Blessings,
Carol Bianchini & Cindy Spice
Sr. High Mission Leaders 2018

Diocese of Northern Indiana Sr. High Community Covenant

Living in Christian Community means that we are a body of people living in the same place and working together towards the same purpose – honoring and serving God. Further, as a mission team, our goals also include having a safe place for you to learn, grow and explore your spirituality. This is a living community where we will witness to one another as we come more fully to learn more about Jesus Christ and his example to us.

This being said as a participant of the Sr. High Youth of Northern Indiana, I agree that I will uphold and be accountable to these certain standards. It is not acceptable for members of the Episcopal Diocese of Northern Indiana Sr. High Youth Community, at any time during the event week/weekend to:

- Drink, possess, or be under the influence of alcoholic beverages, illegal or non-prescribed drugs;
- Engage in sexual conduct, contact, or behavior;
- Possess or use fireworks, firearms, or weapons of any sort;
- Show disrespect (including use of coarse language and jokes that may offend) other campers, staff, property of others, or property of the event site;
- Commit acts of theft or violence;
- Leave the established boundaries without the permission from your counselor or one of the Sr. High Youth Leaders;
- Fail to obey the established schedule and norms or fail to remain with the group during activities;
- Enter the sleeping areas of the opposite gender
- Engage in the use of cell phones unless permission is granted by Sr. High Youth Director.

This is a Community Covenant, and a violation of this covenant is a violation of the community. Should a problem arise, every effort will be made to resolve the issue in love and with respect. Continual disregard for this covenant will be dealt with appropriately by members of the community. Possible consequences may include notification of the violator's parents or rector, and the violator may be asked to leave the event and not return to the next event. In the case of property damage, a fee will be assessed to be paid by the violator.

I have read, understand, and agree to abide by the Community Covenant. Please sign below.

Youth Participant _____ Printed _____ Date _____

Parent _____ Printed _____ Date _____

Parish Priest _____ Printed _____ Date _____

As the Parish Priest or Youth Leader of the above named youth participant, I agree to grant my permission and authority for the youth participant to participate in this youth event:

“May the God of steadfastness and encouragement grant you to live in such harmony with one another, in accord with Christ Jesus, that together you may with one voice glorify the God and Father of our Lord Jesus Christ.”

**Diocese of Northern Indiana Senior High Mission
C.E.M.P. Deanery, Dyer, IN
June 10-16, 2018**

Medical Information and Release Form

Participant Information – please print

Name _____

Gender _____

Address _____

City/State/Zip _____

Phone _____ Cell Phone _____

Grade entering fall 2015 _____ e-mail address _____

Health Insurance Information

Insurance Company _____

Insured's Name _____

Policy or ID Number _____

Group Name or Number _____

Medical Information

Physician's Name _____

Phone _____

Date of last tetanus shot _____

Does she/he have any: Allergies to medication: Y N; Physical Restrictions: Y N; Diet Restrictions: Y N;

If yes, please specify:

1. List any medications that are to be brought to camp along with dose and instructions for use (Note: All medications must be in the original containers. We cannot accept medications that are not in original containers under any circumstances).

2. Please list any additional instructions or information.

Signature of Parent _____ Date _____

Emergency Information

In case of an emergency contact

Name _____

Relationship _____

Home Phone _____ Work Phone _____

If not available, contact:

Name _____

Relationship _____

Home Phone _____ Work Phone _____

Medical Release
Must be signed!

To Whom it May Concern:

We, the undersigned parent(s)/guardian, hereby give permission for my (our) child, _____, to attend and participate and be transported to and from the activities sponsored by The Diocese of Northern Indiana Senior High Mission Team, June 10-16, 2018.

We authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned shall not take civil action or legal action against the adult(s) in charge, The Diocese of Northern Indiana or The Episcopal Church for the normal care of the minor in their charge.

Parent/Guardian _____ Parent/Guardian _____

Date _____ Date _____

Any additional comments or instructions: