

Walk On Water Ministries, NFP

EIN: 20-1192096

17623 Ford Rd.
Geneseo, IL. 61254-8787
Phone: (309) 944-3957 or 507-0781
Fax: (309) 944-1427
Email: wow4god@geneseo.net

Cante' Waste' nape cinsape !!

("With a good heart, I give you my hand!" ~~ in the Lakota language)

Participant's name: _____

(Please PRINT) (First, Middle I & Last)

Birth date: _____ Age: _____ Sex: _____ Church _____

(Must be going into 9th grade or older to participate, please!)

Participant's Email: _____ Cell #: _____

Parent/Guardian's Email(s): _____

Home address: _____

City, State & Zip _____

Home Phone: _____

Parent's Cell phone: _____ Parent's Work #: _____

I, _____, grant permission for my child,

(PRINTED Parent or guardian's name _____)

(PRINTED Participant's name)

to participate in the Walk On Water Ministries Mission Trip to attend the "Awakening of The Spirit" Camp at Standing Rock Indian Reservation in South Dakota. Email & phone for emergencies at St. Bernard's Church:

stbern@westriv.com; Phone: Rectory: (605) 823-4401. I understand that these activities will take place under the guidance and direction of the Goodhouse Family of One Spirit Ministries; Bob & Lori Ward, Co-founders of Walk On Water Ministries, and adult volunteers from various churches.

(Each group must try to supply 1 adult for every 8 teens or make arrangements with us to see if we have extra adults going.)

I understand the risks such activities present to my child, including, but not limited to

"As you can see we have a ton of things planned for the weekend. The purpose of this camp is to bring Jesus Christ to the youth of Standing Rock and the surrounding areas. To Awaken their spirits of life, to live for the Lord. We have a lot of youth interested and committed to coming, as well as many denominations committed to helping this camp become a success for the Glory of God." (Tabitha Goodhouse)

PARTICIPANTS CODE OF CONDUCT AGREEMENT

I, _____, agree to abide by all rules and regulations set forth by the states of Illinois, South Dakota and the United States of America, as well as those set before me by the leaders/volunteers of the activities I take part in with the WOW Ministries Mission Trip Group. I understand that I may be sent home (at my own and/or parent's expense) if my conduct is not appropriate.

Signature of Participant

Date

As parent of this student, I agree to the code of conduct agreement listed above.

Signature of Parent/Guardian

Date

Publicity Form

On occasion, WOW Ministries and/or Bob & Lori Ward takes photographs or makes an audio or video tape recording of the participants involved in Mission Trip activities. Such photographs or video recordings may be used by staff and participants to remember the activities and/or participants. In addition, such photographs and audio/visual recordings may be used in Walk On Water Ministries' web page, publications or advertising materials to let others know about our Mission Trips. In addition, local news organizations may hear of our activities or events, and WOW Ministries may invite or allow them to photograph or record our events to be used, distributed or displayed as agents of WOW Ministries see fit. This consent includes but is not limited to: photographs, videotape, webpage and audio recordings.

Signature of Parent/Guardian

Date

Signature of Participant

Date

MEDICAL INFORMATION

PRINT Student/Minor's Name: (or yourself, if 18 or older): **Participant's Name:**

First M.I. Last Birth date

Address: _____

Emergency Contacts: _____

Parent(s) or Guardian Name (first, middle initial, last):

Phone (including area code): Cell phone (if available):

Other Contact Name (first, m.i., last): _____

Relationship (friend, relative, neighbor, etc.) _____

Phone (including area code): Cell phone (if available):

Participant's Regular Physician: _____

PRINT Name (first, middle I, last):

Physician's Phone (including area code):

Medical Conditions:

Please list any medical conditions of the above participant; (asthma, diabetes, epilepsy, etc.):

Please list any food allergies or allergic reactions to medications of participant:

Please list any medications the above participant is now taking:

***** If Participant is a minor, do you give permission for them to be in charge of their own medicine, or request an adult leader handle that for your child? (We will distribute meds at appropriate times and dosages).**

Date of participant's most recent tetanus shot: ** This must be up to date! **

Other pertinent medical information:

Does the participant require a special diet? If so, what? (Be specific, please):

Any Special food needs? _____

Medical Insurance Information:

Company: _____

Identification number of plan: _____

Identification number of covered employee: _____

Phone number of insurance company: _____

Address of insurance company: _____

Suggested Packing List

PLEASE LABEL ALL ITEMS ~ towel, camera, purse, backpack, IPOD, bag, items of clothing, toothbrush, *everything* you bring ~ it's SO easy to lose things.

IMPORTANT: Do not pack anything in your suitcase that you might want to have on the bus. Pack a backpack or small duffel bag (labeled with your name ☺) small enough to put in the overhead area or under your seat on the bus. (We need to keep the seats as empty and comfy as possible)

Here are some items you will want to have on the bus: blanket, 'fave' pillow, a FEW snacks, medicines, money, toothbrush, contact stuff, etc.!

DRESS IN LAYERS FOR THE BUS! (It might be cold or get very hot).

***** PACK LIGHT to save space, please! *****

(See below for items provided for all)

Medications in original prescription bottles
Twin air mattress O—no doubles, please!
Sleeping bag or sheets & blankets, & your 'fave' pillow (might be cold)
One outfit for each day - old shorts & t-shirts for working.
Shorts, jeans & t-shirts for daily relaxing time (Dress MODESTLY!)
Some bring their 'God shirts' to wear as a witness.
2 sets of jeans and sweatshirts if we have cool nights
P.J.'s, undergarments & socks. Rain gear is optional. Sunglasses and hat, if desired
Contacts, contact solution, glasses ~ if needed
Snacks to share, for bus & in South Dakota, & even frozen ones to bake &/or eat there are appreciated! PARENTS: Anything food-wise to help with dinners (Prepared casseroles or desserts?) Call Lori if you are able to help ... you can be reimbursed if desired.
Hair dryers, curling irons, etc. **aren't** needed: We can share if needed
Travel size toiletries (toothbrush, paste, make up, razors, deodorant, lotions, feminine products, face wash, etc.)
Sturdy working shoes—ones that can get ruined. Comfy shoes for other times.
Flip flops for showers if desired.
(Please label shoes, too ~ we don't need a million pairs of shoes to trip over!!)
Camera and film—please remember to label them! (If digital—bring cords and blank disks to copy to Lori's laptop and your disk to share at nights if we have time.)
Flashlight for finding bathrooms at night; alarm clock (or use alarm on cell phone)
Two towels and a wash cloth for showering
Swimsuit in case there is swimming available --- modest suits for all! (Or cover up!)
Phone Calling Card—Cell phones might not get service.
** (Cell phones are for use to call family **briefly** only – NOT texting or calling friends!)
Spending money (around \$50.00 or more. (\$5.00/fast food stops are included in fee)
Your own Bible if you want it with you

IMPORTANT: Bring your sense of humor, positive & giving attitude, willingness to work hard & be Christ's hands, feet, ears & heart for everyone there!

Essentials We Will Provide: Drinks for the bus (water, juice and pop). Electric inflators for air mattresses; soap & shampoo for showers and bathrooms, extra toiletries & towels in case you forget yours, mattress patch kits and a few extra mattresses in case yours goes flat, 1st Aid kits, etc.

First aid kits provided: Including Sunscreen; Tylenol; Advil; Cold & Allergy medicines; Pepto Bismol; Ace wraps, peroxide, Band Aids, Triple Anti-biotic, Cortisone, Sunburn Aloe relief, Bug Spray; Anti-bacterial gel, etc.

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"Awakening Of The Spirit Camp" S.D.

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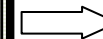
***** THIS WAIVER IS FOR WALK ON WATER MINISTRIES, ONLY. YOUR CHURCH MAY REQUIRE A SEPARATE WAIVER/PERMISSION FORM.**

(If 8 or more teens are going from your group, you must supply 1 adult for every 8 teens or make arrangements with us to see if we have extra adults).

For High School age (those going into 9th grade) and older only, please. Those 18 and older need to have a background/fingerprint check.

INSERTS INCLUDED:

- *APPLICATION AND PERMISSION FORMS
- *MEDICAL RELEASE BY PARENT/GUARDIAN
- *PARTICIPANT'S MEDICAL INFORMATION
- *ACCIDENT/INJURY WAIVER



FORMS MUST BE SIGNED BY PARENTS & NOTARIZED BY A QUALIFIED NOTARY PUBLIC



SEND COMPLETED & SIGNED FORMS ALONG WITH \$300.00 Fee to WOW Ministries, NFP.

TRIP DATES & MONEY DUE DATES: JULY 4 - 12th

June 20	\$100 first down payment due
June 25	\$100 second payment due
July 1	\$100 final payment due

(Adults are free, but donations to help with food and fuel are appreciated if you are able)