



JULY 9-13, 2016

**Shelby Baptist Association
2016 Family Mission Adventures**

Family Mission Adventures, a family mission opportunity, allows mom, dad and grandparents to model an on-mission lifestyle for their children and grandchildren (participants must have completed K-5). Parents and grandparents have the unique privilege to be “hands on” as they guide their family in devotions, missions awareness, mission projects, worship, family small-group discussions, and interaction with resident missionaries and the community. Mission activities include acts of kindness and other evangelism events, light construction and painting, yard work, prayer walking, Vacation Bible School, sports camps, block parties, and other ministry-oriented projects.

The day includes one or two ministry projects in which the entire family can participate. The day ends with family group time to discuss the impact of the day on family members—both individually and as a family. Families will return home more strongly committed to serve God together in their church and have a greater impact on their “Jerusalem, Judea, Samaria and the ends of the earth.”

Ministry projects begin Monday morning on July 11. Daily schedules will be in a separate mailing. All projects will be completed on Wednesday afternoon on July 13. **Please note that all participants are expected to stay the entire time of Family Mission Adventures.** Upon the conclusion of Family Mission Adventures on Wednesday afternoon, we will enjoy an evening meal concluded with a celebration service.

In this packet you will find important material to help you prepare for your projects. Please read each page carefully and note they must be completed and returned by the noted date.

- Registration
- Transportation Policy
- Insurance Requirements / Safety
- Family Participant Form
- Family Information Form

On behalf of the Shelby Baptist Association (Columbiana, Alabama), welcome to Family Mission Adventures. We are excited God is calling your family to serve Christ together with our Shelby Baptist Association family of churches! We look forward to serving with your family this summer. **Please, notice we have an earlier deadline this year.** Please call 205.669.7858 if you have questions.



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**Shelby Baptist Association
2016 Family Mission Adventures
REGISTRATION**

- COST** \$25 PER PERSON. Cost includes t-shirt and closing banquet/celebration (participants must have completed K-5).
- REGISTRATION** Registration is available on a first-come-first-served basis. The maximum number of participants is 150.
- TIMELINE/DEADLINES**
- May 2 Registration for your family must be in our office no later than May 2, along with completed forms in packets and the total cost mailed to (make checks payable to Shelby Baptist Association):

**Family Mission Adventures
Shelby Baptist Association
P O Box 888
Columbiana, AL 35051-0888**

**Shelby Baptist Association 2016
Family Mission Adventures
FAMILY PARTICIPANT FORM
(Participant Must Have Completed K-5)**

ROOM NO _____

PARTICIPANT INFORMATION

DOB _____ AGE _____ GENDER: MALE FEMALE

LNAME _____ FNAME _____ MI _____

HOME ADDRESS _____

HOME PH _____ WORK PH _____ CELL PH _____

YOUR CHURCH _____ CITY/ST/ZIP _____

IN CASE OF AN EMERGENCY, CONTACT (MUST BE A FAMILY MEMBER)

NAME _____ RELATIONSHIP _____

HOME PH _____ WORK PH _____ CELL PH _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY PHYSICIAN ADDRESS _____

MEDICAL PROFILE

GENERALLY, MY FAMILY'S HEALTH IS (CHECK ONE) GOOD FAIR POOR

IF FAIR OR POOR, PLEASE EXPLAIN THE CONDITION AND WHICH FAMILY MEMBER HAS THE CONDITION _____

LIST ANY MEDICAL DIFFICULTIES FOR WHICH YOUR FAMILY IS CURRENTLY BEING TREATED; IDENTIFY FAMILY MEMBER

LIST ALL MEDICATIONS EACH FAMILY MEMBER IS CURRENTLY TAKING INCLUDING OVER-THE-COUNTER SUPPLEMENTS

LIST MEDICATIONS/SUBSTANCES TO WHICH EACH FAMILY MEMBER IS ALLERGIC _____

AUTHORIZATION FOR MEDICAL TREATMENT. For myself and my participant child under 18 years old (“participant”), I give permission for any physician, hospital or healthcare facility to provide medical care, treatment(s) and administer medication(s) to participant as deemed necessary by a physician and our Family Mission Adventures group leader during the Family Mission Adventures project.

RELEASE OF ALL CLAIMS. For and in consideration of participation of Family Mission Adventures project for myself and family participants, I acknowledge that we understand the risks, including inherently dangerous risks, associated with the Family Mission Adventures project (“risks”), and we assume all such risks, and for myself and family participants, I release Shelby Baptist Association and all of its agents, employees, officers, directors and chairpersons, including all Family Mission Adventures staff, and their respective licensees, successors and assigns (collectively herein, “SBA”), from any and all risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, hold SBA harmless and agree to fully indemnify SBA from and against any and all claims. I personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and family participants. I certify to SBA that I have obtained and will maintain in full force and effect during the Family Mission Adventures project adequate primary medical insurance for myself and participant(s). I understand that only limited supplemental medical insurance may be provided for Family Mission Adventures participants, to which limitations and exclusions may apply. In the event it is necessary for me or participant to return home due to disciplinary action, for medical reasons, or otherwise, I personally assume full responsibility for all such transportation arrangements and costs.

CONSENT TO USE AND PUBLICATION OF IMAGE. For and in consideration of participation in the Family Mission Adventures project, for myself and family participants, I give SBA the absolute, unconditional, and irrevocable, right and permission to use my name and my family participants’ names to use, reproduce, edit, exhibit project display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and /or family participants, with or without voice, in which I and/or family participants are included, in whole or part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Family Mission Adventures Project, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, or every description and any other lawful purpose whatsoever, and I consent to the use of all printed matter in conjunction therewith and waive all right to inspect and/or approved drafts, finished products, and/or editorial, promotional, and printed copy, and sound tracks that may be used in connection therewith, and waive all rights to control and aspect of any production, alteration, use, distribution, or disposition of said products, copy, and/or sound tracks, and discharge and agree to hold SBA harmless and fully indemnify SBA from and against any and all claims arising by virtue of any production, alteration, use, distribution, projecting, or displaying of said images of me and/or family participants, and from any and all claims for violation of any personal and all proprietary rights of that I or family participants may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

_____	_____	_____
Family Leader’s Signature	Family Leader’s Printed Name	Birth Date

FAMILY MEMBERS’ SIGNATURE	FAMILY MEMBERS’ PRINTED NAME	BIRTH DATE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHILE PARTICIPATING AT FAMILY MISSION ADVENTURES, THIS FORM MUST INCLUDE FRONT AND BACK COPIES OF:

- **MEDICAL INSURANCE CARDS FOR ALL FAMILY MEMBERS; AND**
- **FRONT AND BACK COPY OF AUTOMOBILE INSURANCE CARD FOR AUTOMOBILE USE.**

**Shelby Baptist Association
2016 Family Mission Adventures**

INSURANCE REQUIREMENTS/SAFETY ISSUES

WHAT DOES THE PARTICIPANT FORM SAY?

“I personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and family members. I understand that only limited supplemental accident insurance may be provided for Family Mission Adventures participant, to which limitations and exclusions apply.”

IS THERE A WAY TO PURCHASE INSURANCE, IF I CHOOSE, FOR MY KIDS WHO DO NOT HAVE INSURANCE?

There are websites that allow you to purchase insurance with a credit card. Family Mission Adventures does not assume responsibility or recommend an insurance carrier.

A WORD ABOUT THE SAFETY OF ALL PARTICIPANTS

Family Mission Adventures is committed to making the safety of our participants a priority. None of the following will be tolerated at any time.

- No harmful or abusive practical jokes toward anyone.
- No threats of doing something to a participant.
- No “looking the other way.”

These incidents will be dealt with swiftly and decisively by Shelby Baptist Association staff.

PROOF OF INSURANCE DOCUMENTATION (COPIES) REQUIRED UPON REGISTRATION

- Front and back of medical insurance.
- Front and back of automobile insurance.
- Copy of driver’s license.

TRANSPORTATION POLICIES

- Each family/church is responsible for their transportation to and from the project site/location.
- Each family/church is responsible for providing on-site legal transportation adequate to transport the size of its group. Families/churches WILL NOT receive any type of mileage reimbursement from Shelby Baptist Association for using their vehicle(s).
- 15-Passenger Van Official Statement
 - Shelby Baptist Association will use whatever transportation/vehicles that come to Family Mission Adventures; and
 - It is strongly recommended that only 11 passengers will ride in a 15-passenger van.
 - **It is the responsibility of the van driver to know what regulations regarding van use are from state to state.**
- If families/churches arrive to Family Mission Adventures via airline, charter bus or train. It is the responsibility of the family/church to make local arrangements for transportation while participating in Family Mission Adventures.
- Along with Family Participant Form include front and back copies of insurance card for all vehicle drivers.
- Contact Shelby Baptist Association at 205.669.7858 in regards to questions related to transportation.

**Shelby Baptist Association
2015 Family Mission Adventures
FAMILY INFORMATION FORM**

PARTICIPANT INFORMATION

DATE: _____

FAMILY NAME _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PH _____ CELL PH _____ EMAIL _____

FAMILY MEMBERS ATTENDING

NAME (FIRST/MIDDLE/LAST)	AGE (YRS)	BIRTH DATE	<i>Specify: Adult/Youth/Child</i> T-SHIRT SIZE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR HOME CHURCH

CHURCH _____ PASTOR'S NAME _____

CITY/STATE _____

FAMILY MINISTRY PREFERENCES (PLEASE NUMBER PREFERENCE; ONE BEING YOUR MOST PREFERRED AND FIVE BEING YOUR LEAST)

____ CHILDREN'S MINISTRY (VBS, ETC.) ____ SERVANT EVANGELISM ____ NO PREFERENCE

____ CONSTRUCTION / PAINTING ____ SPORTS & RECREATION

____ OTHER; PLEASE EXPLAIN _____

DO YOU HAVE PARTICIPANTS THAT HAVE SPECIAL TALENTS THEY WOULD BE WILLING TO SHARE? IF SO, PLEASE PROVIDE SPECIFICS (SUCH AS DRAMA TEAM, PRAISE BAND, PUPPET GROUP, ETC.) _____

DO YOU HAVE SPECIAL EQUIPMENT YOU CAN BRING (I.E., SPORTS EQUIPMENT, PAINTING AND CONSTRUCTION TOOLS AND EQUIPMENT, OTHER) _____