

A mission event for children

(pre-school thru grade 6)

 Sponsored by the Eastern Shore District Board of Laity's Area on Children's Ministry

Our goal -to package
10,000 meals!

Stop Hunger Now

Saturday
June 9, 2012

at St. John's
UMC, Atlantic
from 10 am
until 12 noon

An immensely fun, hands-on rewarding experience for your children.

St. Johns United Methodist Church, 10352 Atlantic Road, Atlantic is hosting a "STOP HUNGER NOW" meals packaging event. **This event is unique, because just children will be participating!**

The event takes approximately 2 hours, depending upon the number of volunteers. We will be packing a minimum of 10,000 meals. We need a minimum of 40 children to volunteer.

We're asking individuals, churches and church groups to participate by bringing their children and also to give toward the cost of the meals. The cost is \$2,500 for the 10,000 meals. We're inviting our churches to contribute \$75 each.

To participate, see back of this page. 

Working together to end world hunger



“STOP HUNGER NOW provides food and life-saving aid to the world’s most destitute and hungry in the most efficient, effective and sustainable manner. The foods to be packaged by volunteers are dehydrated, fortified rice-soy meals containing over 20 vitamins and minerals especially formulated for the undernourished. The meals will be vacuum-sealed in bags three millimeters thick, allowing them to be stored in Stop Hunger Now’s warehouses for a minimum of three years and for as long as five years.”

For more information about this event, contact Tampa Miller, District Children’s Ministry Coordinator at 757-824-6241 or email her at tampa23303@yahoo.com

Please complete the information below and **send before May 21, 2012** to the Eastern Shore District UMC, P.O. Box 317, Parksley, VA 23421. (checks should be made payable to: ESDUMC) or go to www.easternshoredistrictumc.org and select “Stop Hunger Now Event” from the menu on the right and complete the information there.

Yes, our church (name)
would like to participate in the “Children’s Stop Hunger Now Meal Packaging Event” on June 9, 2012. We agree to provide \$ _____ (suggested \$75) toward the meals.

Yes, our church group (name)
(UMW, UMM, Sunday School Class, etc.) would like to match the church’s gift of \$75 so that the children can package more meals and/or cover cost of some churches who may not participate.

Yes, our church (name)
has _____ # of children who have signed up for the event. (Requisite: 3 adults per 10 children under the age of 8; children ages 9-12 will need to be accompanied by 2 adults per 10 children or 1 adult per 5 children.)

NOTE: Children who are not being accompanied by their parent or guardian must sign a parental consent and liability lease form. The form is available at our website (see above) or call 757-665-6295 and ask for one. Adult chaperones will need to bring this to the event.

Contact: (name) _____

Phone: _____

E-mail: _____



Registration/Parental Consent and Liability Release Form

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN: The undersigned do(es) hereby give permission for our (my) child(ren): _____

_____ ("Participant"), to attend and participate in Stop Hunger Now Children's Mission Event at St. Johns UMC, Atlantic on Saturday, June 9, 2012 sponsored by the Eastern Shore District of The United Methodist Church's Board of Laity, Children's Ministry Area. Participants should arrive by 10 am and we should conclude around 12 noon depending on the number of volunteers and number of meals to be packaged.

Requisite: 3 adults per 10 children under the age of 8; children ages 9-12 will need to be accompanied by 2 adults per 10 children or 1 adult per 5 children.

LIABILITY RELEASE: In consideration of the Eastern Shore District UMC allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless the Eastern Shore District UMC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by The Virginia Conference. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO RELEASE: I grant ___ do not grant ___ permission for my child to be photographed for possible inclusion in a OOTB or UMC publication or video.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special 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 or emergency care facility. 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 or youth pursuant to this authorization.

Medical Insurance: YES ___ NO ___ Insurance Company: _____ Policy/Group# _____

Emergency Contact with Phone #'s in case parent/guardian cannot be reached _____

Allergies or Medical Conditions: _____

Permission to give Tylenol? YES ___ NO ___ Other medications? Please list any medications your child will need to take during the retreat and how often they need to be taken. Medications should be given to retreat staff upon arrival and an adult will maintain your child's' medication schedule.

MEDICATION: _____ INSTRUCTIONS: _____

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Additional medications with instructions on another page? Yes ___ No ___