



Mission Indy was born out of a desire to help teens take the skills and motivations learned and developed on both the foreign and domestic mission fields and put them into action at home. The goal was to help students see the mission of God as a lifestyle rather than a trip. Since 1997, youth and adults have come to reach out to the inner city of Indianapolis and partner with existing churches and ministries in the city.

Because Mission Indy is about equipping and not simply service, more strategic training elements are included in the experience and close attention is paid to ensure all elements of the programs pointed towards equipping.

Their mission is to equip Christians to serve others by:

**Training:** Mission Indy seeks to provide opportunities for church groups to learn as well as practice new skills and methods of sharing life together in the context of the Kingdom of God.

**Encouraging:** As church groups come to serve and learn, Mission Indy's endeavor is to encourage them to be faithful in all that God has called them to be and do when they return to where God has planted them.

**Challenging:** While groups are serving and learning, Mission Indy's role is to challenge paradigms and thinking, so God's people might explore and discern what He is doing, and be exposed to ways they might be involved with the work of the Kingdom wherever they are.

**Motivating:** Church groups who spend time with Mission Indy will be motivated as they hear and see stories and examples of people who faithfully allow God to use them to display His wisdom and love.

### **Weekend Mission Trip to Indianapolis, April 26-28, 2024**

Central Students is excited to join in Mission Indy's Mission Weekend on April 26-28, 2024. This trip to Indianapolis is for 8<sup>th</sup> Grade, High School students, young adults and adult volunteers who want be equipped and given opportunities to put their faith in action. Cost for the trip is \$120 and includes meals, lodging and materials. The weekend also includes worship experiences and speakers who will challenge us to grow in our faith and service.

We will leave at 1pm on Friday, April 26<sup>th</sup> and return in the afternoon on Sunday, April 28<sup>th</sup>. An informational meeting will be held in West 4 on Sunday, April 6<sup>th</sup> at 12:30pm for students who plan to attend, their parents and any adult volunteers who plan to attend.

A sign-up sheet is available at the Involvement Desk and forms are available at the Kiosk. All forms and payments are due by Sunday, April 6<sup>th</sup>. Those who turn in all forms at the meeting (or before Sunday, April 6<sup>th</sup>) and pay in full by that date will receive a \$25 scholarship. Please contact youth minister, Jeromy Lawton with questions.



# Participant Form

**Participant Information**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade (Youth) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your Church \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In Case of Emergency, please contact \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

**Medical Profile**

List any medical diagnoses for which you are CURRENTLY being treated \_\_\_\_\_

List any medication you are CURRENTLY taking \_\_\_\_\_

List any medicines or substances to which you are ALLERGIC \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Note: Must be since June 1, 2013)

Insurance Company \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Subscriber Number \_\_\_\_\_

**Authorization for treatment / Release of All Claims**

I, the undersigned, so for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care deemed necessary by the **Mission Indy Inc.** Site Leader and the attending physician or hospital staff during the Mission Indy Inc. Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees, and agents of **Mission Indy Inc.** from any and all claims and demands for personal injury, sickness, and death, as well as property damages and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

**Model Release**

I further understand that Mission Indy Inc. uses photography, videotapes, and other images and voice reproductions of participants in materials such as promotions for its charitable purposes. I hereby give Mission Indy Inc. and its representatives and agents absolute permission to use such pictures, images, and voice reproductions of participant for any purpose and media, and waive any proprietary, personal or other rights to inspect and pre-approve such use.

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Please complete and sign below. (**Youth under 18 requires parent/custodial signatures**) *This form must be notarized.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Custodial Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Notary Public**

"Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_."

My commission expires: \_\_\_\_\_ (affix seal)

\_\_\_\_\_  
Notary Public Signature





# 2024 Parent Permission Form

I give my child, \_\_\_\_\_, permission to travel with Central Church of Christ to **Indianapolis, IN** and participate in the **Mission Indy Weekend Mission Trip on Friday – Sunday, April 26-28, 2024.**

**In doing so I agree with the following (Please read and check the box next to each statement):**

- I understand that the total cost for the trip is **\$125**, (\$90 deposit due at sign-up or before **March 4, 2024**).
- I understand that an informational meeting will be held in **West 4 on Sunday, April 7th at 12:30pm** for students who plan to attend, their parents and any adult volunteers who plan to attend.
- I understand ALL forms and payments are to be turned in by **April 3, 2024**. The **\$125** payment is due by this date to reserve my student's seat on the trip.
- I understand that my child will travel by a vehicle driven by Jeromy Lawton or other pre-approved drivers.
- I will have my child at Central and ready to load up and go by **1pm on Friday, April 26, 2024**. I will be at Central or have other arrangements to pick my child up at approximately **5PM on Sunday, April 28, 2024**. In order to ensure my child's safety, any outside arrangements will be made with Jeromy Lawton by emailing [youth@centrallive.net](mailto:youth@centrallive.net).
- I acknowledge that CCC's staff and volunteers are responsible for providing a safe ministry environment for my child while in their care, but ultimately my child is responsible for their own conduct and the safety thereof.
- I acknowledge the inherent risks of gathering in person during the COVID-19 crisis. I agree to discuss social distancing and the need for masks when social distancing isn't possible.
- I agree, on behalf of myself and my children, to hereby release, covenant not to sue, discharge, and hold harmless Central Church of Christ, its employees, staff and volunteers, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to participation in Central's programs, services or activities. I understand and agree that this release includes any claims, whether a COVID-19 infection occurs before, during, or after participation in this or any such program, service or activity.
- I have completed:
  1. Central Church of Christ's parent permission form (this form)
  2. Central Church of Christ's medical authorization, parent consent and release forms for 2023
  3. Mission Indy's Participant Form.
- I have read and agree to all of the guidelines and information in this packet.
- Central Church of Christ has my permission to use any pictures/videos of my child in church publicity to include print and social media.

\_\_\_\_\_  
Parent/Guardian Name (PRINT PLEASE)

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**2024**  
**Kid Central and Central Youth**  
**(Kindergarten to 12<sup>th</sup> grade)**  
**PARENTAL CONSENT AND RELEASE FORM**

STUDENT \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

CHURCH OTHER THAN CCC \_\_\_\_\_ BROUGHT BY \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

\*\*\*\*\*

I give permission for my above-named child to go on Church-sponsored activities from  
**January 1, 2024—December 31, 2024**

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I hereby give permission for my child to go on activities and trips as stated above and release CENTRAL CHURCH OF CHRIST, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, if I cannot be reached by phone or because of an emergency there is no time to be reached by phone, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

(X) Signature of natural parent or legal guardian agreeing to above statement:

X \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications to be taken \_\_\_\_\_

Doctor \_\_\_\_\_

Physical Handicaps or limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Member name \_\_\_\_\_

Address of medical insurance company if bill is to be sent to them \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF FRONT AND BACK  
OF INSURANCE CARD AND/OR MEDICAL CARD**

**Information for medical treatment**  
**PARENTAL AUTHORIZATION FOR CONSENT**

I/We \_\_\_\_\_, hereby authorize  
(Parent/Legal Guardian)

any adult leader of Central Church of Christ to consent for necessary medical/surgical treatment for  
\_\_\_\_\_ during my/our absence  
(Minor)

**from January 1, 2024—December 31, 2024**

The above party will/will not be able to contact me

at \_\_\_\_\_ and/or \_\_\_\_\_  
(Telephone number) (Address)

Family Physician \_\_\_\_\_ or \_\_\_\_\_

**Information for minor:**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_

**Responsibility for Bill:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Insurance Company \_\_\_\_\_

Individual Number \_\_\_\_\_ Group \_\_\_\_\_

Address of medical insurance company if bill is to be sent to them \_\_\_\_\_

**DO NOT SIGN BELOW UNTIL YOU ARE IN THE PRESENCE OF A NOTARY!!!**

**Signatures:**

\_\_\_\_\_  
(Parent/Legal Guardian) (Date) (Parent/Legal Guardian) (Date)

\_\_\_\_\_  
(Witness) (Notary of Public)