



**COLUMBIANA, ALABAMA**

**JULY 23 – 27, 2011**

Families on Mission is a family mission opportunity which allows mom, dad and grandparents to model an on-mission lifestyle for their children and grandchildren. 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 starts with family devotions and mission training followed by ministry projects in which the entire family can participate. In the evening there is a group gathering time for praise and worship, teaching and testimonies. The day ends with a 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”.

On behalf of the Shelby Baptist Association (Columbiana, Alabama), welcome to Families on Mission. We are excited God is calling your family to Shelby County to join us as we serve Christ together. Please arrive at the Wingate Hotel between 2:00 p.m and 5:00 p.m. on Saturday, July 23 for registration. Supper will be at 5:30 p.m. at Meadow Brook Baptist Church, our host church, located at 4984 Meadow Brook Road, Birmingham, 35242 (Shelby County).

Ministry projects begin Monday morning, July 25. Daily schedules will be in a separate mailing. All projects will be completed on Wednesday, July 27, afternoon. Please note that all participants are expected to stay the entire time of Families on Mission. Upon conclusion of Families on Mission on Wednesday afternoon, we will enjoy a celebration service that evening—5:30-8:00 p.m.

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

- Schedule for Payments and Refunds
- Transportation Policy
- Insurance Requirements / Safety
- Dress Code—“Our Christian Witness”
- Family Participant Form
- Family Information Form

Thank you for being a part of Families on Mission. We look forward to serving with your family this summer. You may contact me at [debbie@shelbybaptist.org](mailto:debbie@shelbybaptist.org) or 205.669.7858 if you have questions.

Serving together,

Debbie M. Snyder

Ministries Development Director

# Shelby Baptist Association

## 2011 Families on Mission

### SCHEDULE FOR PAYMENTS AND REFUNDS

#### (LOCAL OR SHELBY COUNTY FAMILIES)

***COST***                    **\$75.00 Per Person.** Cost includes lunch and supper meals, T-Shirt and program materials for each person.

***REGISTRATION***      Registration is available on a first-come-first-served basis. The maximum number of participants is 150 people.

#### ***TIMELINE/DEADLINES***

APRIL 1                  Initial registration for your family must be in by April 1, 2011, along with completed forms in packets and one-half (1/2) of the total cost mailed to (make checks payable to Shelby Baptist Association):

Families on Mission

Shelby Baptist Association

P O Box 888

Columbiana, AL 35051-0888

MAY 30                  Balance of registration cost mailed to Shelby Baptist Association at above address. Late payment will cause your group to forfeit their registration and/or be placed on a waiting list.

REFUNDS                All payments are refundable through June 15, 2011. Refund requests must be made in writing to Shelby Baptist Association.

Shelby Baptist Association  
2011 Families on Mission  
FAMILY PARTICIPANT FORM

ROOM NO \_\_\_\_\_

**PARTICIPANT INFORMATION**

DOB \_\_\_\_\_ AGE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GENDER M F

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 hereby 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 Families on Mission group leader during the Families on Mission project.

**RELEASE OF ALL CLAIMS.** For and in consideration of participation of Families on Mission project, for myself and family participants I hereby acknowledge that we understand the risks, including inherently dangerous risks, associated with the Families on Mission project (“risks”) and we hereby assume all such risks, and for myself and family participants, I hereby release Shelby Baptist Association and all of its agents, employees, officers, directors and chairpersons, including all Families on Mission 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 hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and family participants. I hereby certify to SBA that I have obtained and will maintain in full force and effect during the Families on Mission project adequate primary medical insurance for myself and participants(s). I understand that only limited supplemental medical insurance may be provided for Families on Mission 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 hereby 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 Families on Mission project, for myself and family participants I hereby 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 families on Mission 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 hereby 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 hereby 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	Birthdate
Family Members’ Signature	Family Members’ Printed Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THIS FORM MUST INCLUDE COPIES OF  
MEDICAL INSURANCE CARDS (FRONT AND BACK) FOR ALL FAMILY MEMBERS  
AND COPY OF AUTOMOBILE INSURANCE CARD (FRONT AND BACK)  
FOR AUTOMOBILE USING WHILE PARTICIPATING AT FAMILIES ON MISSION**

Shelby Baptist Association  
2011 Families on Mission  
**INSURANCE REQUIREMENTS / SAFETY ISSUES**

**WHAT DOES THE PARTICIPANT FORM SAY?**

“I hereby 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 Families on Mission participant, to which limitations and exclusions apply.”

This form is completed and signed by all participants. Any student under 18 years old not accompanied by a parent must submit a notarized copy with a parent’s or guardian’s signature to be able to participate.

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

There are websites that allow you to purchase insurance with a credit card. Families on Mission do not assume responsibility nor do we recommend an insurance carrier.

**A WORD ABOUT THE SAFETY OF ALL PARTICIPANTS**

Families on Mission 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.
- Copies of drivers license.

Shelby Baptist Association  
2011 Families on Mission  
**TRANSPORTATION POLICIES**

- Each family / church is responsible for their own 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 vehicles.
- 15-Passenger Van Official Statement. (1) Shelby Baptist Association will use whatever transportation / vehicles that come to Families on Mission; and (2) 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 Families on Mission via airline, charter bus or train. It is the responsibility of the family / church to make local arrangements for transportation while participating in Families on Mission.
- Along with with Family Participant Form include copies of insurance card (front and back) for all vehicle drivers.
- Any questions related to transportation should be directed to Debbie Snyder at 205.669.7858 or [debbie@shelbybaptist.org](mailto:debbie@shelbybaptist.org)

**Shelby Baptist Association  
2011 Families on Mission  
FAMILY INFORMATION FORM**

**DATE:** \_\_\_\_\_

**PARTICIPANT INFORMATION**

FAMILY NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PH \_\_\_\_\_ CELL PH \_\_\_\_\_ EMAIL \_\_\_\_\_

**FAMILY MEMBERS ATTENDING**

NAME (FIRST/MIDDLE/LAST)	AGE (YRS)	BIRTHDATE	T-SHIRT SIZE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**YOUR CHURCH HOME**

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 EVAGELISM      \_\_\_\_ 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) \_\_\_\_\_