



2017-2018

Date	Worship Theme: S T () R Y	Location
January 19-21, 2018	Find Your Story	Farwell
February 16-18, 2018	Write Your Story	Saginaw/Sanford Campgrounds
March 16-18, 2018	Hear Their Story	St. Johns & Muskegon
April 20-22, 2018	Share Your Story	Galien
May 18-20, 2018	Your Story Continues	Northview & Brighton

*Subject to change, you will be notified of any changes prior to the huddle, so pay attention to the Ventures Facebook group (Michigan Youth Ventures for Christ 2017-2018) and check your messages.

What is Ventures?

Youth Ventures for Christ, or Ventures, is a group of senior high aged youth that works to serve Christ by bringing ministry to a Community of Christ congregation and the surrounding community. It started in Detroit in 1972, and then started on the west side of the state in 1990, but has now grown to include the ENTIRE mission center. In short, we call these gatherings “huddles.”

What happens at a Huddle?

You arrive at the church between 7-8 p.m. on Friday for registration. The time we spend together Friday night is spent getting to know new and old friends as well as worshipping and going over the weekend’s events. Saturday, we spend time in classes, worshipping, and a majority of time is spent planning and rehearsing the service. We sometimes have a talent show (so come prepared) and visiting session with those in the congregation. There is also an activity like bowling or skating that occurs on Saturday. On Sunday, we put on the service for the congregation and then cleanup and debrief. Then it is off to Pizza Hut or some other restaurant for lunch and goodbyes.

Do I go home each night?

No. You will sleep in a host family’s house with other youth and staff.

What should I bring?

Items you should pack include: sleeping bag & pillow, toiletries, scriptures, gym clothes & swimsuit if recreation calls for it, dress clothes for Sunday, signed Medical Release and conduct forms, weather specific clothing.

Is there a cost?

Yes. For all huddles it is \$20 per huddle to cover the costs of the weekend and includes lunch on Sunday. Please don’t let money stop you from coming. If there are any problems, see a staff member. If you need a ride, contact a staff member.

If you have any other questions, do not be afraid to ask. Stephanie Tew is the Ventures Leader this year. You can reach her at (616)648-0943 or stew@nmu.edu.



Acceptable Conduct Agreement 2017-18

We welcome and invite all high school aged youth to participate. Be aware that some habits can be contagious, which is why we have outlined expected behaviors for the weekend. Please plan to use the weekend to seek support in overcoming unhealthy habits (see #4 and #5).

1. Youth are expected to act in a Christ-like manner at all times, showing respect toward others, self, and property.
2. Youth are expected to remain with the rest of the group throughout the weekend. Because of this, any youth that drive to the host congregation for a huddle will turn in their keys upon arrival and retrieve them at the conclusion of the huddle.
3. Youth will remain in areas with the group that are supervised by staff and registered youth workers. Youth are not to go off alone, with only one adult, or with other youth without proper supervision.
4. Drugs, alcohol, and tobacco (chewing or cigarettes) are **not permitted** at Venture huddles.
5. Swearing, cursing and using foul language is unacceptable at Venture huddles.
6. Youth are not allowed in stores or restaurants without proper staff supervision.
7. These rules apply for the **entire weekend**, without exception. This includes while the youth are at the host family's home. Youth are expected to follow the rules of the host family and treat them and their property with utmost respect.
8. Violation of these rules can result in immediate suspension from Youth Ventures for Christ activities for a period of time commensurate with the offense. Parents may be called to come and get their youth if the behavior disrupts the ministry of the weekend.

**I AGREE TO FOLLOW THE YOUTH VENTURE FOR CHRIST
RULES AS STATED ABOVE:**

YOUTH SIGNATURE _____

DATE _____

~ **Parental Permission Slip 2017-18** ~
Youth Ventures for Christ
Community of Christ

CONSENT AND RELEASE FORM

Liability Release

In consideration of the right of _____ (name of participant) being accepted by the *Community of Christ* for participation in the *Ventures* youth activities for 2016-17, we (I) do for ourselves (myself) and for and on behalf of my child-participant (if said child is not 21 years of age or older) here release, forever discharge and agree to hold harmless the *Community of Christ* and its directors, agents, employees, assigns, and any subordinate units from any and all liability, claims or demands for 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 child-participant that occurs while said child is participating in above listed activities. We (I) have listed below any activity that my child should not participate in.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation and food for this participant.

The undersigned further agrees to hold harmless and indemnify said organizations, its directors, employees, and agents, assigns, and subordinate units for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I) are the parent(s) or legal guardian(s) of this participant, and thereby grant our (my) permission for him/her to participate fully in said event unless specific activities have been listed below. I also give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also agree that, if my child has an illness on the day of departure which could be harmful to him/her or to others, he/she will not be allowed to participate.

Further, I hereby give consent to and authorize the taking of photographs or videotape in which my child may appear. I hereby waive all right of privacy in and to any said pictures or tapes and hereby give my consent and authorize Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my child's name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resources, use, or purposes including but not limited to print, film, or electronic media, social media and reproduction or digital representation of every description on the Internet/World Wide Web. Consideration is hereby waived in perpetuity, and no further claim of any nature whatsoever shall be made by me, my heirs or assigns. Community of Christ has made no representations concerning the use hereof to me.

PLEASE LIST ACITIVITES CHILD CANNOT PARTICIPATE IN:

Authorization Signatures

We (I) have also read and agree to all statements in the liability release. We (I) consent to our (my) child's participation in the above activities.

Parent's/Guardian's Signature

Date

Ventures 2017-18
Community of Christ

PARTICIPANT'S NAME _____ EMAIL _____

PARENTS' NAME(S) _____ PHONE _____

Address _____
(number & street) (city) (state) (zip code)

Participant's Birthdate: _____ Grade in School: _____ Home congregation _____

HEALTH INSURANCE INFORMATION

Health Insurer _____ Insurance# _____ Group # _____

Physician Name _____ Phone# _____

Person(s) to be notified in case of emergency if parent cannot be reached:

Name _____ Phone# _____

Name _____ Phone# _____

HEALTH ISSUES & HISTORY

List any special conditions such as bedwetting, fainting, sleep walking, or allergies participant has:

List any health, behavioral or emotional problems participant has, including current infectious diseases:

List any medications participant takes:

Name	Frequency	Dosage

Date of Last Tetanus Shot _____

ACTIVITY RESTRICTIONS

In regards to my child's health issues, I do not want _____, to participate in the following types of activities: _____
(child's name)

_____.

I have discussed these restrictions with my child and he/she understands them and agrees to abide by them.

Participant

Parent/Guardian

Date

Witness(optional)



Dear Parent,

Sometimes it is necessary to provide medical attention for minor aches and pains. For that purpose we have listed several medications below for you to approve should the need arise to give them to your youth during a Venture weekend. It is also necessary that we have permission to dispense the doctor prescribed medication that you have listed below.

Youth's Name _____

He/She is in good physical condition at the present time. He may receive emergency medical treatment at my expense in accordance with the permission Ventures form I have also signed. I also give my permission for the Adult Leaders of his Ventures to dispense the listed medications to my child. All of these medications and listed strengths are over the counter medications. Please check all that apply.

- Tylenol 325mg tablets
- Tylenol 500mg tablets
- Tums Tablets
- Ibuprofen/Advil 200mg tablets
- Benadryl Cream
- Hydrocortisone Ointment
- Imodium AD
- Benadryl 25mg tablets
- Midol/Pamprin for menstrual needs

In addition, my child is taking the following prescription medication that are provided for you in their original containers.

MEDICATION DOSAGE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE OF PARENTS OR GUARDIAN

DATE