

# move

July 9-15, 2018

We are excited that you are considering Move as part of your summer. It is truly an incredible experience. MOVE is a week-long student event, set in the Smoky Mountains, designed just for High School students. The week will be packed with activities, worship, group time, play time, and even whitewater rafting, but only begins to explain what happens at Move.

This trip is for High School students, both **incoming Freshman and graduating Seniors**. Take a look over the trip details. Enclosed are all the forms you need to sign on for this journey. Contact the Student Ministry Office at [lisa.donaldson@mccreach.org](mailto:lisa.donaldson@mccreach.org) with any questions you may have about the trip. Check out [www.ciy.com](http://www.ciy.com) and [www.mccreach.org](http://www.mccreach.org) for conference details.

## EARLY BIRD REGISTRATION

**\$340**

**First 25 Students Pre-Registered will receive \$75 off.**

*See Scholarship Form for more information*

**All forms and a \$50 deposit are required for Early Bird Registration.**

After April 15 | \$355

After April 29th | \$375

The conference cost includes MOVE, lodging, and 15 meals.

**Optional Rafting trip is an additional \$35**

**GET A SERVICE SCHOLARSHIP | Details Inside**



## GYMOVE 2018 Details

### Arrival and Departure Times |

- We will meet at the church office parking lot on **July 9 @ 9:00 am** and return on **July 15 @ 12:00 pm**.

### What to Bring |

Here is a list of stuff to help you in your packing. Luggage space will be limited, so please limit yourself to one suitcase, one carry on and bedding. If you can't carry it, perhaps you don't need it. Please label your luggage with first and last name. Once the luggage is packed it **will not** be accessible until we reach our final destination, **so pack what you need where you need it for the trip (especially your meal money)**.

- **Clothes**
  - casual
  - clothes for evening worship sessions (nice casual)
  - clothes for rafting | rafting shoes (no flip-flops), shorts or swim trunks, t-shirt, bag for wet things
- Toiletries, hand soap, sanitizer, towels, towel for bathing, towel for rafting
- Bedding | sheets, or sleeping bag, pillow
- Swimsuit (guys **and** girls are required to wear one piece suits!)
- Bible
- Pen or Pencil
- Notebook
- Bug spray for rafting.
- Sunscreen
- Camera
- Athletic equipment for rec. time if desired
- **Extra Spending \$\$**
  - **Meals on the Road** | plan for 5 meals (\$43 - 52) | \$8 of which will be collected for Sat. lunch.
  - **Spending Cash** | This is between you and your parents. Things you may wish to have money for include CIY t-shirts, CIY bookstore, snacks, offering, rafting souvenirs and tip, Tennessee Aquarium souvenirs and mall activities.

### Please do not bring |

- Tobacco, drugs, alcohol, weapons, yadda yadda yadda. Oh, and inappropriate reading material, rated M games, etc..., you can leave those at home, or...in the trash.

**Electronics Policy** | Ok, we get it. Some of you would rather die than go without your phone; some of you think you will die without it. So, here's the deal. We will give grace concerning cell phones, so long as they do not become a hindrance or a distraction and you follow the usage guide lines set by the staff. As for the other electronics, one of the purposes of the weekend is to connect with others. Headphones and game systems and the like usually lead to isolation. So, for this weekend, let's really connect with others. They will be permitted on the bus ride up and back, but not once we arrive. You might be surprised that you can have fun without them. If you think you can handle it, we even dare you to go the week without your phone and your electronics. In fact, consider it a double-dog dare. Yeah, we went there. Unplugging can be a good thing.

### Additional Info |

- Emergency Numbers | Tim Schanie 812-599-6264 | CIY Headquarters 417.781.2730 | OAR 866.333.7238
- Please make checks out to McDonough Christian Church.

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**This is not meant to be an exhaustive list, but hopefully it will help you pack, and not leave you exhausted.**



## GY MOVE 2018 Itinerary

### July 9, Monday

***Eat Breakfast prior to coming.***  
9:00 am Meet at the church to pack and pray.  
9:30 am Depart for 7 hr trip to Lee University in Cleveland, TN  
Lunch on the Road (\$5-8)  
2:00 pm Arrival at CIY, Registration  
5:00 pm Dinner at Conference  
6:00 pm Adult Meeting at CIY  
7:00 pm Conference Starts

### July 10, Tuesday

Conference

### July 11, Wednesday

Conference

### July 12, Thursday

Conference

11:45 pm Option 1: Head to OAR for rafting trip, grab lunch (\$5-8) on the way.  
Option 2: Shop at Hamilton Place Mall, Chattanooga TN, lunch at mall (\$7-10)  
12:30 pm Arrive at OAR  
1:00 pm Raft the Ocoee  
5:00 pm Return to campus  
6:00 pm Dinner at Lee  
7:00 pm Conference

### July 13, Friday

Last Day of conference

### July 14, Saturday

8:00 am Load and leave Lee University.  
8:30 am Breakfast (\$5-8)  
9:30 am Depart for Aquarium  
10:30 am Arrive @ Tennessee Aquarium in Chattanooga (Ocean Journey)  
12:00 pm Lunch at Aquarium (\$8 – will be collected on Monday) (outside River Journey)  
1:30 pm Leave Aquarium (after River Journey)  
3:00 pm Head to TownePlace Suites Chattanooga at Hamilton Place | 423-834-9444  
7010 McCutcheon Road, Chattanooga, Tennessee  
5:30 pm Nice Dinner Out (\$20)  
8:00 pm Swimming, Game-time and Group Time (@ hotel)  
11:00 pm Lights Out

### July 15, Sunday

8:00 am Breakfast at Hotel.  
9:00 am Worship Experience  
12:30 pm Arrive in McDonough, GA

*\*Please understand that all arrival times are approximate times. If our return ETA is significantly off, we will have your child contact you.*



## Early Bird Scholarship

The first 25 students to pre-register will receive a \$75 scholarship for MOVE to be applied to the total cost of the trip.

**Requirements** | Deposit and all forms must be turned in by April 15th.  
| Scholarship is limited to the 1<sup>st</sup> 25 pre-registrations received.

## Multiple Child Scholarship

Families sending more than 1 student to MOVE enjoy a \$25 discount per additional child.

**Requirements** | Deposit and all forms must be turned in by April 15th.

## Service Scholarship

Serving one another is part of being the church. MCC is blessed with people that understand this, and desire to see students equipped for ministry. Through their generosity, scholarship funds are available for summer camp/conference. These funds will be dispersed to students that participate in the Service Scholarship Opportunities using a credit system. Students earn credits by participating in the service opportunities listed below. Students will be notified of the amount of their scholarship on May 1st.

**Requirements** | Students must sign up for the events at which they wish to serve. Due to limited opportunities, participation may be limited to 2 events. If signing up for more than 2 events, please indicate top 2 choices. Students will be expected to work hard for the duration of the project.

**Service Opportunities** | Sign up on-line at [mccreach.org](http://mccreach.org) on or before April 8th.

**PLAY GROUND REFURBISHING** | *Pressure washing and gravel spreading.*

April 14<sup>th</sup> | Two Shifts 10 pts each (9:00am to 11:00am or 11:00am – 1:00pm)

April 21<sup>st</sup> | Two Shifts 10 pts each (9:00am to 11:00am or 11:00am – 1:00pm)

**BUS DETAILING** | *Washing the MCC fleet, inside and out.*

April 21<sup>st</sup> | 10 points (9 am to 11 am)

## Additional Financial Aid

It is our desire that all students interested are able to participate in our summer camp/ conferences. If after participating in the Scholarship program, additional financial considerations are needed, please contact the Student Ministry offices ([lisa.donaldson@mccreach.org](mailto:lisa.donaldson@mccreach.org)).

**\*Students receiving financial aid are expected to participate in the Scholarship Program and be registered no later than April 5<sup>th</sup>.**

## Be a Scholarship Partner

If you are interested in contributing to the Scholarship Fund please make checks out to McDonough Christian Church and mark Student Scholarship Fund in the memo. Thank you for allowing God to reach a student through you.



# REGISTRATION DEADLINE April 29, 2018

Name: \_\_\_\_\_ Grade(going into): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

*\*Confirmation and event communications will be done through email*

Emergency Contact (other than Parent): \_\_\_\_\_ relationship: \_\_\_\_\_

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

### Medical Information and Special Instructions

Health Insurance: \_\_\_\_\_ Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Please Circle if applicable to student:

Asthma      Physical Handicap      Heart Trouble      Diabetes      Epilepsy/Seizures      Sleep Walking

Please Explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Roommate Requests (no promises, please do not list more than 2): \_\_\_\_\_

\*Students will be placed in rooms based on gender and grade level.

**INVITED BY** \_\_\_\_\_

### Registration (without rafting)

#### FORMS

\_\_\_\_ Medical Release Form

\_\_\_\_ Registration Form

\_\_\_\_ CIY Release Form

#### PAYMENTS

\$340 Total Cost

- \$50 Deposit (non-refundable)

- subtract Early Bird/ Mult. Child scholarship

- subtract service scholarship money

       Add late fee | \$15 after 4/15th | \$35 if after 4/29th

\_\_\_\_ Balance Due

### Registration with Rafting Trip

#### FORMS

\_\_\_\_ Medical Release Form

\_\_\_\_ Registration Form

\_\_\_\_ CIY Release Form

\_\_\_\_ OAR Release Form

#### PAYMENTS

\$375 Total Cost

- \$85 Deposit (non-refundable)

- subtract Early Bird/ Mult. Child scholarship

- subtract service scholarship money

       Add late fee | \$15 after 4/15th | \$35 if after 4/29th

\_\_\_\_ Balance Due





DISCIPLINE, LIABILITY AND MEDICAL RELEASE FORM

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

PARENTS |

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this McDonough Christian Church Program. The child identified on this form understands that all students are expected to abide by the Program rules and be directly responsible to the MCC Staff. MCC Staff assumes responsibility for discipline at the Program and, if necessary, may because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home at my expense.

Further, I do release and hereby agree to hold blameless MCC and its Staff from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participation in any activities associated with MCC Programs.

STUDENTS |

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the following stated personal limitations and code of conduct.

- Possession or use of alcohol, drugs, or tobacco is prohibited
No fighting, weapons, fireworks, lighters, or explosives
No boys in girls' sleeping areas and no girls in boys' sleeping areas
Respect property, respect one another, staff, and adult leaders
Students are not permitted to drive
No offensive or immodest clothing
Participation with the group is expected
Respect & comply with event rules & schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

DISCLAIMER |

In the case of a medical need or emergency I authorize McDonough Christian Church to allow medical treatment for my child. This includes performance of first aid, administration of medicine, use of medical transportation, hospitalization, etc. This authorization lasts from January 1, 2018 through December 31, 2018 and applies to any activity in which my child participates that is sponsored by MCC. I understand that it is my responsibility to inform MCC, in writing, if my child will be affected by an allergy, medication, or medical condition while he or she participates in any activity sponsored by MCC. I also understand that it is my responsibility to inform MCC, in writing, if any address, phone number or insurance information on this form changes. I also allow that a signed photocopy of this form is valid if the original is unavailable. Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

In the event that my child approaches an MCC youth worker complaining of a headache or some minor body pain that does not appear to be serious, I would like MCC to do the following:

\_\_\_\_\_ Administer: Tylenol, Advil, etc. \_\_\_\_\_ Call me at the numbers above to receive clarification on what to administer.

(Signature of Participating Student)

(Date)

(Signature of Parent or Legal Guardian)

(Date)



**Christ In Youth Discipline, Liability & Medical Release Form**  
*Make a copy for yourself and bring the ORIGINAL to registration*

**Event you will be attending:**

- SuperStart!    Believe    MIX    Move    Engage    Wilderness

**Please check which one best describes your attendance:**

- Sponsor    Student    Youth/Children's Minister

Participant Name \_\_\_\_\_  Male    Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant email \_\_\_\_\_ Home Phone \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Church You are Attending with (missions trip n/a) \_\_\_\_\_

City/State \_\_\_\_\_ Group Leader's Name (missions trip n/a) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_ Medications Currently Taking \_\_\_\_\_

Parents/Legal Guardians Name (with whom you live) \_\_\_\_\_

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone \_\_\_\_\_ Parent(s) email \_\_\_\_\_

Person to notify if parent/legal guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I, the participant or for those under 18 the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are required to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I hereby release, forever discharge and agree to hold harmless a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister or sponsor of the Program, or any Christ In Youth staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Christ In Youth Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility and/or keys not returned at the time of group checkout. I agree to pay for keys not returned at time of group checkout or damage done to any Program facility or Christ In Youth property by the participant.

For valuable consideration received, I hereby irrevocably grant to Christ In Youth, Inc. the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial. I understand that my participation makes me eligible to receive educational information and updates regarding ministry successes and opportunities.

I acknowledge this agreement is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Missouri without giving effect to the principles of conflict of law and the courts within Missouri will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Jasper County, Missouri.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against Christ In Youth or any of the covered parties.

Signature of Participant Named Above \_\_\_\_\_

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_





# OUTDOOR ADVENTURES OF TENNESSEE (O.A.R.)

Read Carefully: Waiver and Release of Liability

In consideration of OUTDOOR ADVENTURES OF TENNESSEE furnishing services and/or equipment to enable me to participate in WHITEWATER RAFTING, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have:

- (A) inherent risks, dangers and hazards and such exists in my use of (Circle) RAFTING, RAPPELLING, CLIMBING, ROPES COURSE, TUBING, ALPINE TOWER, ADVENTURE RACES, PAINTBALL equipment and my participation in WHITEWATER RAFTING activities;
- (B) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;
- (C) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of, but not limited to, OUTDOOR ADVENTURES OF TENNESSEE, the State of Tennessee, Ocoee River Outfitters Association, the Tennessee Valley Authority, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water levels, risks or falling out or of drowning while in a raft, tube and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and
- (D) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of OUTDOOR ADVENTURES OF TENNESSEE, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify OUTDOOR ADVENTURES OF TENNESSEE, the State of Tennessee, Ocoee River Outfitters Association the Tennessee Valley Authority and their owners, agents, the United States of America, officers and employees representative and lenders from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of rafting equipment or my participation in WHITEWATER RAFTING, RAPPELLING, CLIMBING, ROPES COURSE, TUBING, AIPINE TOWER or ADVENTURE RACE, PAINTBALL activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees or representative of OUTDOOR ADVENTURES OF TENNESSEE the State of Tennessee, Ocoee River Outfitters Association, the Tennessee Valley the United States of America .

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE OUTDOOR ADVENTURES OF TENNESSEE the State of Tennessee, Ocoee River Outfitters Association, the Tennessee Valley Authority and the United States of America FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Signature** \_\_\_\_\_

**DATE OF ACTIVITIES:** from 07 / 12 / 2018 to 07 / 12 / 2018

**SIGNATURE OF PARENT OR GUARDIAN Sign here** \_\_\_\_\_

( if less than 18 years old )

**Print here** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**ADDRESS OF PARTICIPANT**

(Please Print) Name \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_