

# Operation: The Least of these phase II

Pine Ridge Missions Trip November 2008

## **Missions Trip Application Deadline**

\$ 50  
& Application Due on  
Wed, October 29

Applications can be found  
on the Rimrock Website:  
[www.rimrockchurch.com/  
Teens.htm](http://www.rimrockchurch.com/Teens.htm)

**the students'  
mission, if they  
choose to accept it,  
is to pour themselves  
out for other people  
in service like, with &  
through Christ!**

For More Information contact:

Nathan Kveene  
342-5373 Office  
393-5077 Cell  
348-1713 Home

[nathan@rimrockchurch.com](mailto:nathan@rimrockchurch.com)

Rimrock E. Free Church  
12200 West Hwy 44  
Rapid City, SD 57702

**This Fall Senior High Missions Trip could prove to be an incredibly impacting weekend in your life.**

## Some Details

**Where:** Pine Ridge Indian Reservation

Working through Hands of Faith Ministries - Whiteclay, NE

**What:** We will be working with the Hands of Faith and 555 ministries during the weekend as we learn about ministry to the under-privileged. This may mean helping build a house, running a kids' carnival, cleaning a home, helping cut/stack firewood, serving a meal, organizing a closet, doing yardwork, or any number of other opportunities.

**Why:** To grow closer with Christ as we pour our lives into others God's glory.

**Includes:** Lodging, food, & transportation

**How Much:** \$50 + money for snacks & such during the weekend

### **Times:**

Departing: November 14th (leave from Baken Park Family Thrift at 8:00 am)

Returning: November 16th (coming back at around 3:30 pm)

If something conflicts with our departure or return dates, you may join us late or leave early.

**Pre-Trip Fundraising Dinner on Sunday November 2 after church**

Help organize or serve. The proceeds from this dinner will help cover the overall costs for our trip.

# Sign me up!

By joining us for this missions trip, students agree to respect and follow the authority of the group leadership, obey all guidelines for the retreat both stated and implied, respect the rights of others, and attend all group meetings and meals. Students also agree not to bring any fireworks, alcohol, tobacco or drugs. If a student does not comply in these areas, we will not hesitate to call the student's parents to come and pick up their son or daughter at their expense.

Student's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in the Crossfire High School Operation: For The Least Of These Phase II Missions Trip. I do hereby release, forever discharge and agree to hold harmless any participating churches from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by the participant while participating in said retreat. Furthermore, I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in retreat activities involved therein. I further hereby agree to indemnify any participating churches, their directors, employees and volunteers for any liability sustained by any participating churches as a result of the negligent, willful or intentional acts of said participant. In signing, I do understand and agree that my deposit is nonrefundable. It is also understood that my student will obey all regulations and follow instructions or be sent home at my expense without refund of monies paid.

(parent signature) \_\_\_\_\_ Date \_\_\_\_\_

(student signature) \_\_\_\_\_ Date \_\_\_\_\_



# Emergency Info

Parent/Guardian Name(s)

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom Work#: \_\_\_\_\_

Mom Cell #: \_\_\_\_\_

Dad Work#: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_

Alternate Emergency Contact Name:

\_\_\_\_\_

Best number to reach emergency contact at:

\_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Other information to notify staff of (allergies/other health problems): \_\_\_\_\_

My child has permission to participate in all activities, unless noted. I give permission to medical personnel to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached, I give permission to hospitalize and secure proper treatment for my child as needed.

Parent/Guardian signature:

\_\_\_\_\_