



# march mission MADNESS

The Cooperative Baptist Fellowship of Georgia is excited to invite you and your youth group (grades six-twelve) to be a part of our 21<sup>st</sup> annual March Mission Madness in 2017. March Mission Madness (MMM) is a weekend retreat for youth to gather together for worship, fellowship, and a full day of mission work in local Georgia communities.

Inside this packet you will find important facts about MMM, a tentative schedule for the weekend, the participant form and the chaperone screening form. If you have any questions, please do not hesitate to call or e-mail me. As MMM approaches more information can be found on our website: [www.marchmissionmadness.org](http://www.marchmissionmadness.org).

We are looking forward to seeing your group in March!

Martha Kate Hall  
Associate Coordinator, CBF/GA  
[mkhall@cbfga.org](mailto:mkhall@cbfga.org)  
478-742-1191, ext. 2

## Dates and Locations:

**March 3-5, 2017 at First Baptist Church of Roswell**  
**March 10-12, 2017 at First Baptist Church of Christ in Macon**

**Mission Projects:** Students and chaperones will be assigned to mission project groups on Friday night of MMM. On Saturday morning, groups will gather at the host church to pick up supplies, load vehicles, and travel to their mission sites. Our host churches are working now to secure sites with local agencies, such as home repair, painting, homeless ministries, food and clothing ministries, cleaning, and landscaping.

**Cost:** The cost of MMM is \$100 per participant. The cost includes lodging, five meals, supplies, recreation, program costs and a t-shirt. We are thankful to be able to keep our cost reasonable with the help of our host churches and the generous subsidy of CBF/GA. A \$40 deposit per participant is required in order to secure your registration the balance due upon arrival at the event. (A reduced cost is available for local groups who would prefer to stay in homes instead of hotels. Please contact Martha Kate if you are interested in this option.)

**Registration:** [Click here to register online](#). Early registration ends on Monday, January 9. If space is available groups may register through Friday, January 27 for an additional \$10 per participant.

**Deposit:** A \$40 deposit per participant is required to secure your group's registration. Groups may submit their deposits and balance by check by credit card through PayPal. Please note that the online payment option will incur a convenience fee of 2.9% of your total payment.

**Accommodations:** Groups will stay in hotels booked by CBF/GA. Rooms will be assigned upon registration at the event with four participants to a room. If your church policy requires specific accommodations for adults please be sure to let us know so that we have enough rooms for you upon arrival.

**Youth Participants and Involvement:** Everyone who attends needs to be informed that a significant portion of the weekend involves hands on mission service. Naturally, Students' attitudes are adversely affected when they are surprised by having to work on a retreat! As the youth leader, you can help prepare your students mentally and spiritually for this portion of the weekend. Most youth cannot wait to serve, but some need help understanding the importance and value of serving the community.

**Chaperones:** Events like this would not be possible without adult chaperones volunteering their time. Too often, when adults hear the word *chaperone* they understand it to be the same as baby-sitting. But, MMM is a weekend that aims to be interactive for both youth and adults. Chaperones will be asked to take on a significant leadership role during the weekend. Chaperones are also expected to act like adults and monitor the students throughout the weekend providing guidance when needed. This event can be just as meaningful for adults as it is for youth.

**Each church is required to bring 1 chaperone for every 6 youth of each gender. The transportation you bring to camp will be used to transport youth to mission sites. Thus, drivers of 15 passenger vans must be 25 years old. All other chaperones should be 21 or older. Churches must also run state criminal background checks for all adult chaperones and sign the attached Chaperone Screening Form, stating you have done so. Thanks for your help in this area.**

**Bible Study Resources:** This year you will receive companion Bible studies to be used with your group before or after attending MMM. This is provided at no cost to you in order to enhance the spiritual development experience of your students before, during and after MMM.

**Worship Leadership:** We would love to have student participation in our worship services at MMM. If you have a student, or group of students, who would like to contribute to worship please email me to discuss their possible involvement.

**Party:** On Saturday night, after worship, we will have a party. There will be refreshments served and a fun time had by all. You will receive a more detailed description of the party as the event gets closer.

**Additional Items Included:** Tentative event schedule, chaperone screening form, and a participant form that must be completed by each youth and adult

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## 2017 Schedule

### **Friday**

7:00pm – Registration, Dinner, Fellowship

8:30pm – Welcome, Chaperone Meeting, and Vesper Service

10:30pm – Go to Rooms

11:30pm – Lights Out

### **Saturday**

8:00am – Breakfast at hotels

8:30am – Gather with Mission Groups

9:00am – Travel to Mission Sites

1:00pm – Lunch Break

4:30pm – Return to Host Church; Sort and Clean Supplies; Church Groups Reunite

5:00pm – Break, Clean Up in Rooms

6:15pm and 6:45pm – Supper at Host Church

7:30pm – Worship

8:45pm – Break

9:00pm – Party

10:30pm – Return to Rooms

11:30pm – Lights Out

### **Sunday**

8:00am – Breakfast at hotels

8:30am – Closing Worship Service

9:30am – Dismissal, Load Vans and Return Home



## Chaperone Screening Certificate

Please list the name of each adult who will be coming with your group (including staff, chaperones, and visitors). You will need to conduct a state background check (for the state which the adult resides) for each person listed. Any official state background check that you have conducted with the past three years is acceptable. Please check the appropriate box to indicate that the background check has been completed for each adult. Then a church staff member and a church lay leader must complete and sign the certification statement at the bottom of this page. Bring the completed form with you to camp registration. Thank you for making the effort to protect the well-being of all our students, as well as your own participants.

Adult's Name	Check if Visiting only	Gender (M/F)	Background Check Completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

I certify that our church, named below, has conducted a statewide criminal background check for each person listed above, and we affirm them as an adult chaperone for our group. I further certify that I am a staff member/lay leader for the church named below and, thereby, an official representative of the church/parish.

\_\_\_\_\_

Event Attending

\_\_\_\_\_

Church/Parish

\_\_\_\_\_

Staff Member and Position

\_\_\_\_\_

Date

\_\_\_\_\_

Lay Leader of Congregation and Position

\_\_\_\_\_

Date



# PARTICIPANT FORM

March Mission Madness is a youth missions event sponsored by the Cooperative Baptist Fellowship of Georgia and is attended by church youth groups and their adult chaperones.

Church Name \_\_\_\_\_ Group Leader \_\_\_\_\_

Participant Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Other Emergency Contact Name & Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Other Emergency Contact Name & Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical Information

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

Policy or Group Number \_\_\_\_\_

Participant Social Security # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (use back if needed) \_\_\_\_\_

Medications (use back if needed) \_\_\_\_\_

## Authorization for Treatment & Release of Claims

I, the undersigned, do 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 if deemed necessary by a physician. 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, employees, volunteers, and agents of the Cooperative Baptist Fellowship of Georgia, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or 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. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for the Cooperative Baptist Fellowship to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

**NOTE:** All participants (youth **and** adults) must complete and submit this form to be eligible to participate in the March Mission Madness. Youth under the age of 18 must have the signature of a parent or legal guardian. **ALL SECTIONS MUST BE COMPLETED.** Return your completed form to your church's group leader, who is responsible for submitting this form upon arrival at event registration.

Participant Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date Signed \_\_\_\_\_