



CUTTING EDGE MISSIONS

Registration
Packet

**High Impact &
Action Packed
Missions Experience**

- Street & Homeless Ministry
- Adopt A Block Prayer Walks
- Service Projects



www.cuttingedgemissions.com



TRIP INFORMATION

POWER TRIPS

Power trips designed to make power trips available and accessible to anyone who has a desire to serve on the mission field in any capacity. One of the great things about this approach is that people do not have to take vacation from work or school to do an outreach.

What is a Power Trip?

A power trip is an action packed, fast-paced, high-impact power trip done over the course of a weekend. Students and adults from various cities across America partner with local churches and ministry organizations to impact people in a significant way by meeting their physical needs, as well as meeting their spiritual needs and spreading the gospel.

What will we do on a Power Trip?

Power trips are designed with a variety of serving opportunities. A wide range of ministries may be experienced. Service and work projects, block parties, homeless outreaches, prayer walks, personal evangelism, worship, drama and team building are just some of the possibilities.

Why should I go on a Power Trip?

- *It's local
- *It's affordable
- *It's convenient
- *It's life-changing

Power trip timeframes are flexible depending on the needs of your individual group. Usually power trips are scheduled from Friday evening through Sunday morning. The cost is \$69 for the weekend, which includes lodging and food. Your group leader coordinates transportation separately, which may be an additional cost.

A \$20 per person non-refundable down payment is due to Cutting Edge Ministries three weeks prior to the power trip date along with a minimum group size commitment.

We are thrilled you will be a part of a power trip! If you have any questions, please contact us.

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WHAT DOES A POWER TRIP LOOK LIKE?

Sample Itinerary:

7:30 Begin Outreach
11:00 Conclude Outreach
11:30 Arrive at Host Home
11:45 Debrief
12:30 Lights Out

Saturday:

7:30 a.m. Up and Ready
8:00 Personal Devotions
8:30 Breakfast and Briefing
9:30 Drive to Dream Center
9:45 Prep for Outreach
10:00 Begin Outreach
12:00 Lunch
2:30 Conclude Outreach, Meet at Dream Center
2:45 Drive to Host Home
3:00 Break
5:00 Dinner
6:30 Drive to Outreach
7:00 Outreach Begins
8:30 Drive to Host Home
8:45 Debrief / Worship

Sunday

8:00 a.m. Up and Ready
8:30 Personal Devotions
9:00 Breakfast
10:00 Drive to Church Service
10:30 Church Service Begins
12:00 Return Home



SUGGESTED ITEMS TO PACK

1. Appropriate clothes for leisure, sleep, and church
2. Cold weather gear if necessary - hats/mittens/boots/etc.
3. Work clothes and gloves (old t-shirts, jeans, etc. that can get dirty or paint on them)
4. Sturdy shoes for working
5. Tennis shoes for leisure
6. Personal hygiene items (toothbrush, hairbrush, etc.)
7. Sleeping bag or sheet/blanket and pillow
8. Air Mattress
9. Special needs items such as medicine inhalers, etc.
10. Bible
11. Notebook, pen/pencils
12. Towel
13. Bug Spray/Sunscreen
14. Small games or activities to play at the end of the day
15. Refillable water bottle

**** Team should have a first aid kit ****

Remember to pack light. All personal gear should fit into one duffel bag.

For certain trips, tools may be needed. If you have items such as hammers, tape measures, screw drivers, wrenches, paint brushes, etc. and you feel comfortable bringing them, please do. Make sure they are labeled. Your leader will let you know if these items will be needed.



DRESS CODE

Dress code is generally conservative. Remember that we represent Christ.

1. No spaghetti straps
2. No tight shirts across the chest area
3. Tank tops must have at least a 2-inch wide strap and can not be tight fitting
4. Undergarments must not be visible at any time
5. No belly shirts
6. No low rise shorts or pants
7. Shorts and skirts must be no shorter than where the fingertips reach the thigh when arms and fingers are fully extended.
8. No clothing with inappropriate wording or pictures
9. Shoes must be fit to work in and have no open toes. If you wear flip-flops or sandals, bring a second pair of shoes for work
10. No jewelry or chains that may have a gang like appearance
11. Swimsuits can either be one piece worn alone or two piece with a dark colored t-shirt over it

****Violation of the rules or an attitude of defiance may result in being sent home at your expense.**

I have read and agree to the above stated dress code:

Signature _____

Date: _____



MEDICAL INFORMATION

Insurance Company: _____

Claim Office Address: _____

Claim Office Phone Number: _____

Policy/Group/Member Numbers: _____

Employer Name/Address: _____

Employer Phone: _____

Where emergency contact can be reached:

Name: _____

Phone: _____

Cell Phone: _____

Address: _____

Medical conditions such as diabetes, allergic reactions, or current medications:

Physician Name: _____

Address: _____

Phone: _____

Other Notes:



PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Parent or legal guardian herein ("Parent")

Minor's name herein ("minor")

Cutting Edge Ministries

Organization herein ("organization")

Designated youth group or church herein ("designated agent")

The above named parent of the minor has entrusted the minor into the care of the organization while the minor participates in an activity sponsored by the organization and for the welfare of the minor. The parent does hereby authorize the designated agent of the organization to consent to any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and to be rendered by the general or special supervision of any physician or surgeon licensed under the laws of the state or country of which the medical care is being sought and on the medical staff of any hospital or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the minor by any dentist licensed under the laws of the state or country of which the care is being sought.

It is understood that this authorization is given in advance of any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the designated agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician and/or dentist in the exercise of his or her best judgment may be deemed advisable.

The parent hereby authorizes any hospital that has provided treatment to the minor to surrender physical custody of the minor to the designated agent upon completion of treatment.

The parent fully agrees to pay all costs of medical or dental care incurred for the minor by the designated agent under this authorization.

These authorizations shall remain effective until _____ unless sooner revoked in writing and delivered to the designated agent.

Date: _____ Signature of Parent or Legal Guardian: _____



LIABILITY RELEASE AGREEMENT

The following parent wishes his or her minor child, _____

To participate in the following activity: _____

Sponsored by the non-profit religious organization, Cutting Edge Ministries.

For and in consideration of Cutting Edge Outreach Ministry, Inc. allowing the child to participate in the activity and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged the undersigned for himself or herself, for the child and the child's personal representatives, assigns, heirs, guardians and next of kin (herein the "releasers") release, waive, discharge and convent not to sue Cutting Edge Outreach, Inc. and/or it's board members, Pastors, officers, employees and agents (herein releases) from all liability to the releasers on account of the injury to the child or death of the child or injury to the property of the child whether cause by the negligence of the releases or otherwise while the child is participating in the activity.

The undersigned warrants that he or she has fully read and understands the liability release agreement and voluntarily signs the same and that no other oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

****Caution – read above before signing****

Date: _____

Signature of Minor: _____

Minor's Printed Name: _____

Signature of Parent/Guardian: _____

Parent/Guardian Printed Name: _____

Relationship to Child: _____

Youth Leader Signature: _____

Youth Leader Printed Name: _____

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