



CUTTING EDGE MISSIONS

Registration Packet

High Impact & Action Packed Missions Experience

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



www.cuttingedgemissions.com



MISSION TRIPS

Cutting Edge Missions exists to inspire and equip a generation to impact their world with the gospel of Jesus Christ through short term missions.

What is a Cutting Edge Mission Trip?

A Mission Trip is an action packed, fast-paced, high-impact event done over the course of a week. 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.

We are excited to have your team join one of our mission trips! If you have any questions, please contact us.

info@cuttingedgemissions.com, www.cuttingedgemissions.com



General Schedule for the Week

Sunday

- Church Service
- Regional Tour
- Orientation
- Kids Ministry Service

Monday

- Kids Ministry
- Service & Work Projects
- Kids Ministry
- Community Impact Event
- Worship & Team Meeting

Tuesday

- Kids Ministry
- Service & Work Projects
- Kids Ministry
- Community Impact Event
- Worship & Team Meeting

Wednesday

- Kids Ministry
- Service & Work Projects
- Kids Ministry
- Community Impact Event
- Worship & Team Meeting

Thursday

- Kids Ministry
- Service & Work Projects
- Kids Ministry
- Community Impact Event
- Worship & Team Meeting

Friday

- Free Day

Saturday

- Team Returns Homes.



What Does a Typical Day Look Like?

7:00 Up and Ready

7:30 Breakfast and Briefing

8:00 Team Devotions

9:00 Service Project on Ministry Site

12:00 Lunch

1:00 Ministry @ Site Continues

4:00 Finish Service Project on Ministry Site

4:30 Break

5:30 Dinner

7:00 Evening Outreach

9:00 Team Meeting Worship & Debriefing

9:30 Free Time

11:00 pm Bed / Lights Out



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 (optional)
9. Special needs items such as medication, 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 for you.



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 cannot 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 Missions

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 diagnoses 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 is fully aware of the risks and other hazards inherent in the activity and is allowing the child to participate in the activity and voluntarily assumes the risks and all other risks, damage or injury that may be sustained by the child while 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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PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby authorize Cutting Edge Outreach Ministries permission to use my likeness in a photograph in any and all of its publications, including but not limited to all Cutting Edge Outreach Ministries' printed and digital publications. I understand and agree that any photograph using my likeness will become property of Cutting Edge Outreach Ministries and will not be returned.

I acknowledge that since my participation with Cutting Edge Outreach Ministries is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Cutting Edge Outreach Ministries to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Cutting Edge Outreach Ministries' programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Cutting Edge Outreach Ministries from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____ Date: _____

Signature: _____

Signature: _____

Signature of guardian if under 18 years of age

Date: _____