

**Community of Christ**  
**LAMONI HEARTLAND MISSION CENTER YOUTH NEWSLETTER**

**Volume 5**

**Fall 2007**

**Number 1**

I had a great experience this summer on the Church Historic Sites Caravan that I want to share with you. Our group was very fortunate because we were allowed to have a Communion Service in the Kirtland Temple at night. As part of the worship, I had volunteered to share my testimony about the experience I had in the Sacred Grove, the place where Joseph Smith, Jr. had his vision. I was a little nervous about doing this, but the testimony that I shared about the Grove wasn't as big as the one I received that night during the service.

The worship started with singing and praising and slowly wound down to the more serious part. When it came time to stand and offer prayers about the concerns we were carrying, I wanted to share about my friend, Rahmana, because I was scared for her. She was in the hospital and wasn't able to come on the Caravan at the last minute. Rahmana was going through a difficult time but as bad as I wanted to speak up, I was afraid I would lose control.

In the Kirtland Temple, each row of seats has a little door at the end that latches until you pull up on the lever for it to open. As I was sitting there thinking about Rahmana, someone in my row leaned back in the pew and rocked it a bit, and the latch popped open. One of the Temple guides noticed it was open and quickly re-latched it. All of a sudden, I found myself standing, praying for Rahmana. I hadn't realized how much I missed her and of course, I did lose control and start crying. But I felt strength and courage, too.

When it came time for people to share their testimonies, the door at the end of my pew was somehow open again. None of the other doors were opening by themselves. I got up to share my testimony and when I went back to my pew, I made sure that I latched the door tight.

At that point, my attention was drawn to the front of the sanctuary where there are several specially designated chairs that the church leadership used to sit in. I began to pray silently, asking God to show me that He was really there and that I wasn't alone. I looked back at the little door, hoping that it would somehow pop open again. When it didn't happen, I focused my attention elsewhere. Then a few minutes later, I looked back and the door stood open again. This time I knew that the latch on that door wasn't broken, because I had locked it myself! I smiled and looked upward, knowing that God was looking down on me.

I think God is always there trying to unlock the doors we choose to close. It doesn't matter how long it takes, He will keep trying to unlock those doors until we let Him in. I will never forget the Kirtland Temple. It will remain my favourite part of the trip because that is where I honestly felt God for the first time. And He gave me the courage to stand up and say a prayer for Rahmana.

Lisa Orndorff, Northwest Congregation

***IMPORTANT: As a brand new school year begins, so does a brand new year of youth ministry... And that means that we need brand new Enrollment and Consent Forms for each one of you. Please have your parents fill out both sides of the enclosed form and attach a photocopy of your health insurance card. (We stuck in an extra form for you to share with a friend.) Please bring the Enrollment and Consent Form to the first youth activity, drop it off at either Mission Center Office or mail it to Dee Jones, 1645 Pennsylvania Avenue, Des Moines, IA 50316.***

**Lamoni Heartland Mission Center Youth Ministries**  
**COMMUNITY OF CHRIST**  
**Enrollment and Consent Form**

Instructions: This form will be used for all 2007/2008 Lamoni Heartland Mission Center (including Heartland North and Lamoni Area) youth activities. Both sides of this form must be filled out and returned before your child can participate in these programs. The form will be kept on file for the entire 2007/2008 school year and it is the responsibility of the parents to update, as changes occur. The Community of Christ, including the Lamoni Heartland Mission Center, will not be responsible for any outdated information. Additional forms are available from either of the Mission Center offices. Please note that parents will occasionally be required to give specific permission for activities that would be considered high risk or out of the ordinary.

Please check the program that your child will be participating in:

- Children's Ministry, 1-5 grades
- Junior High Ministry, 6-8 grades
- Senior High Ministry, 9-12 grades
- Club Eagle, Special Needs Ministry
- Mission Center Praise Band

**REGISTRATION INFORMATION**

Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Participant's Email Address \_\_\_\_\_  
Name of Custodial Parent(s) or Legal Guardian \_\_\_\_\_  
Work Phone \_\_\_\_\_ Parent's Email Address \_\_\_\_\_  
Additional Parent, Legal Guardian, or Next of Kin \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY NOTIFICATION (NOT PARENTS)**

*An attempt will be made to contact parents first. List alternate contacts to be used if we are unable to reach the parent.*

Name \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MEDICAL INFORMATION**

Please describe any medical information pertaining to registrant that the leaders should be aware of (such as allergies, medications, or any other medical, emotional, psychological, dietary or physical condition): \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Office Address \_\_\_\_\_  
Hospital/Clinic of Choice (if applicable) \_\_\_\_\_  
Health Insurance Provider \_\_\_\_\_ Customer Service Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD**

**ACTIVITY CONSENT**

I give my consent for the registrant to participate in mission center/cluster youth activities for the 2007/2008 school year. I understand I will occasionally be required to give specific permission for any activities that would be considered high risk or out of the ordinary.

Parent/Guardian/Next of Kin Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for the registrant. I also guarantee to payment of all charges incurred during this medical treatment.

Parent/Guardian/Next of Kin Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE**

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the Community of Christ and the Lamoni Heartland Mission Center, for participation in the youth program, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older and any parent, legal guardian or next of kin who has not signed below) hereby release forever, discharge and agree to hold harmless the Community of Christ, including the Lamoni Heartland Mission Center, and the leaders thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant on account of ordinary negligence while said child is participating in mission center/cluster youth activities, including being transported to and from any event. In addition, the undersigned agrees to indemnify the Community of Christ and its agents and assigns against any claim arising out of said child's participation in mission center/cluster youth activities. Furthermore, we (I) (and on behalf of our (my) child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its leaders, employees and agents, from any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**Both parents must sign liability release unless parents are separated or divorced, in which case the custodial parent must sign. \*\*Only applicant must sign if 21 years of age or older.**

Parent/Guardian/Next of Kin Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Next of Kin Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

In consideration of the right of the applicant to participate in mission center/cluster youth activities, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear, waive all right of privacy in and to any said photographs or videotapes; and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Parent/Guardian/Next of Kin Signature \_\_\_\_\_ Date \_\_\_\_\_

# LAMONI HEARTLAND SENIOR HIGH RETREAT

All youth, 9<sup>th</sup> – 12<sup>th</sup> grades, are personally invited to Share the Peace of Jesus Christ at the 2007 Peace Colloquy on October 26 – 28, at the Community of Christ Temple Complex in Independence, MO. This year the Colloquy will feature an exciting Youth Track. Come and meet inspiring peacemakers and meet Jesus Christ, the greatest peacemaker of all time.

Lamoni Heartland youth will be staying at the Liberty Street Community of Christ (416 N. Liberty Street, Independence, MO 64050), so you will need to bring the usual sleeping bag, air mattress, towel and toiletries. Registration for the weekend is \$25, if postmarked by September 24<sup>th</sup>. You will need to bring additional money (\$25-\$30) for buy fast food meals. So, fill out the registration form below and get it in the mail today!

Departure Information: *Senior High from the Lamoni area should meet at the Lamoni Community of Christ at 5:00 p.m. on Friday, October 26<sup>th</sup>. Heartland North youth will meet at the West Des Moines Community of Christ at 4:00 p.m. Please bring a sack supper to eat on the way as we will not be stopping en route. We will return to Lamoni at 4:00 p.m. on Sunday afternoon and to West Des Moines by 5:00 p.m.*

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## SENIOR HIGH PEACE COLLOQUY RETREAT

\_\_\_\_\_ has my permission to participate in the Mission Center Senior High Peace Colloquy Retreat on October 26-28<sup>th</sup>, with the Mission Center youth leaders providing food, lodging and transportation for this event.

I, being the undersigned parent, legal next-of-kin, or guardian of \_\_\_\_\_, hereby certify that all of the information on the 2007/2008 Lamoni Heartland Mission Center Youth Ministries Enrollment and Consent Form is accurate and current. Furthermore, I agree to hold harmless the Lamoni Heartland Mission Center, the Community of Christ and the leaders thereof for acting upon any information contained on the 2007/2008 Enrollment and Consent Form which I may have failed to update.

\_\_\_\_\_  
Signature of Parent, Legal Next of Kin, Guardian

\_\_\_\_\_  
Date

**2007/2008 ENROLLMENT & CONSENT FORMS ARE FOUND IN THIS NEWSLETTER**

# RADICAL RELATIONSHIPS

## JUNIOR HIGH FALL RETREAT

November 2 - 4, 2007

Guthrie Grove Campgrounds

- Who?** All 6<sup>th</sup> - 8<sup>th</sup> graders.
- What?** Join your camp friends from Lamoni Heartland and Prairie Bluffs Mission Centers, as we explore how to build better relationships. More importantly, learn how to have a growing relationship with your best friend, Jesus. We'll enjoy fun campfires, great food, interesting classes, a movie night and some really wild and crazy games. You won't want to miss out on this!
- When?** Friday, November 2<sup>nd</sup> at 8:00 p.m. through Sunday, November 4<sup>th</sup> at 12:00 p.m.
- How Much?** Registrations postmarked by October 26<sup>th</sup> are \$50. Registrations postmarked after October 26<sup>th</sup> are \$60.
- What to Bring?** Warm clothes, a set of grubby clothes, bedding, towel & toiletries, your Bible and a friend!
- What Not to Bring?** No iPods, MP3 players or snack food. Please leave your cell phones at home. The camp phone is available for your use at no charge.

*More questions?*

*Contact Dee Jones at (W) 515/265-4244, (H) 515/222-9417 or (Email) [djones@cofchristlhmc.org](mailto:djones@cofchristlhmc.org).*

**Guthrie Grove Camping Ministries  
Community of Christ  
Junior High Fall Retreat Registration Form**

**REGISTRATION INFORMATION**

Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Participant's Email Address \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_ Mission Center \_\_\_\_\_  
Name of Custodial Parent(s) or Legal Guardian \_\_\_\_\_  
Work Phone \_\_\_\_\_ Parent's Email Address \_\_\_\_\_  
Additional Parent, Legal Guardian, or Next of Kin \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY NOTIFICATION (NOT PARENTS)**

*An attempt will be made to contact parents first. List alternate contacts to be used if we are unable to reach the parent.*

Name \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MEDICAL INFORMATION**

Allergy to foods, medications (if none, so state) \_\_\_\_\_  
Is registrant currently under a physician's care for any acute or chronic medical condition? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
Does registrant carry *non-prescription* medication on their person (if none, so state) \_\_\_\_\_  
Medication(s) and purpose \_\_\_\_\_  
Does registrant require *prescription* medications (if none, so state) \_\_\_\_\_  
Medication(s) and purpose \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Office Address \_\_\_\_\_  
Hospital/Clinic of Choice (if applicable) \_\_\_\_\_  
Health Insurance Provider \_\_\_\_\_ Customer Service Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD**

**STATEMENT OF CONSENT AND RELEASE**

I, the undersigned, have read and consent to the rules, guidelines and releases specified on the reverse of this form.

\_\_\_\_\_  
Participant (If Age 21 or Over)                      Parent/Legal Guardian/Next of Kin                      Date

## **JUNIOR HIGH FALL RETREAT PERMISSION FORM**

**Guthrie Grove Campgrounds  
Community of Christ**

### **Release and Consent**

Please read each of the following Release and Consent Statements. Sign at the bottom for the reverse side of this page.

### **Permission for Medical Treatment**

I, the parent, legal guardian, next of kin, or participant signing the reverse of this page, hereby authorize any necessary medical treatment for the registrant/myself. I also guarantee payment of all charges incurred during this medical treatment.

### **Liability Release**

The parent, legal guardian, next of kin, or participant signing the reverse of this page acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the Guthrie Grove Campgrounds and the Community of Christ for participation in the Junior High Fall Retreat, I, being 21 years of age or older, do for myself (and on behalf of my child-participant, if said child is not 21 years of age or older and any parent, legal guardian or next of kin who has not signed the reverse of this page) hereby release forever, discharge and agree to hold harmless the aforementioned campgrounds and the Community of Christ and any leaders, whether volunteer/agents or employees, thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant on account of ordinary negligence while said child is participating in the Junior High Fall Retreat. In addition, the undersigned also agrees to indemnify the Community of Christ and its agents and assigns against any claim arising out of said child's participation in the Junior High Fall Retreat. Furthermore, I (and on behalf of my child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the Junior High Fall Retreat. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its leaders, employees and agents, from any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

### **Photo Release**

In consideration of the right of the registrant to participate in the Junior High Fall Retreat, I give consent to and authorize the taking of photographs or videotapes in which the registrant may appear, waive all right of privacy in and to any said photographs or videotapes; and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce my name, voice and/or likeness (photographic, illustrative, audio or video tape, film, electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

### ***REMEMBER...***

*Early-bird registration with \$50 must be postmarked by October 26<sup>th</sup>.  
Registrations postmarked after October 26<sup>th</sup> are \$60.*

### ***MAIL REGISTRATIONS TO...***

*Dee Jones, Co-Director  
Junior High Fall Retreat  
1645 Pennsylvania Avenue  
Des Moines, IA 50316*

# WE NEED YOU!

Aim high! Be all that you can be!

Find out if you've got what it takes to be a camp counselor. The Guthrie Grove Staff-in-Training Course will be offered on September 15-16<sup>th</sup>, at Guthrie Grove Campgrounds. Taught by Dee Jones and Mark Scherer, this course is required of all youth (ages 15 – 21 years) who want to be on staff at Guthrie Grove camps and retreats. The class starts at 9:00 a.m. on Saturday morning and concludes at noon on Sunday. We'll stay overnight in the lodge, so bring bedroll, pillow, towel, etc. Cost of \$15 covers food and training materials. You must pre-register for this retreat, so fill out the form below and mail it today!

Can't make it on September 15-16<sup>th</sup>? Training will also be available at the Camp Leadership Workshop on March 1-2, 2008.

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## GUTHRIE GROVE STAFF-IN-TRAINING RETREAT REGISTRATION FORM

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

*Enclose registration fee of \$15 and mail to Dee Jones, 1645 Pennsylvania Avenue, Des Moines, IA 50316, by September 12<sup>th</sup>!*

# **LAMONI HEARTLAND SENIOR HIGH LEADERSHIP RETREAT**

**September 22 – 23, 2007**

## **Wesley Woods Campgrounds**

Got some good ideas you'd like to see happen this year in the Lamoni Heartland Mission Center youth ministry programs? Well, don't sit back and wait to be invited! Church isn't meant to be a spectator sport.

We're looking for approximately one dozen Senior High who are ready to roll up their sleeves and plan, prepare and execute this year's youth activities and summer mission trip. If you're interested in getting involved and developing your personal leadership skills, join us on Sept. 22-23 at the beautiful Wesley Woods Campgrounds near Indianola.

During the weekend we'll worship, plan activities, play some sand volleyball, hike, and go on a wagon ride and cookout. Things you'll need to bring include your bedroll, pillow, towels, warm clothes for outdoor evening activities and also your school, church and personal calendars.

Cost for this retreat is \$25. Registration will be limited to no more than 18 participants, so reserve your spot as soon as possible by contacting Dee Jones (515/265-4244, 515/222-9417 or [djones@cofchristlhmc.org](mailto:djones@cofchristlhmc.org)) or Julie Elliott (641/784-4804 or [jelliott@grm.net](mailto:jelliott@grm.net)).