



Parent Contract for Sherpa Position

E11844 Co. DL, Baraboo, WI 53913 Phone: (608) 356-4004

Our mission for the Sherpa program is to provide an experience in which high school students can be disciplined and grow in their relationship with the Lord, learn to serve and gain a work ethic that brings glory to God, and grow in Christian community and fellowship.

Please fill out the following information:

Student Name: _____ Student Age: _____

Your Name: _____

Your Phone #: _____ Secondary Phone #: _____

Your Email: _____

Does your son/daughter take prescribed medication? Yes | No

If yes please fill out the medication section on health form.

Do you need your son or daughter for any specific dates this summer? Yes | No

If yes, please list: _____

In order to keep your son/daughter safe we only allow students to ride in a car with Expeditions Staff members and parent approved drivers. Please list all drivers you will allow your student to ride with/be picked up by. (ie. Will an uncle come to pick up your student? Or can your student ride home with a friend?) If your son/daughter wants to leave with any other person we will contact you for permission.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you like us to contact you if the student ever needs to leave camp with a non-expeditions staff member for any reason? Yes | No

Has your son/daughter struggled with drug or alcohol addiction? Yes | No

If yes please explain and include action taken: _____

For this program, we expect the Parents of each student to support the decision of the student to be a part of this program. If a student does not have their parent's approval to take part in the program, we ask that the student not take part in the program in order to honor God by honoring their parents. We also ask that participation in the program be on the student's own initiative so that the student's participation is voluntary.

_____ I certify that I approve of my son's/daughter's decision to take part in the Program
(Initials)

_____ I certify that I am not forcing my son/daughter to participate in the program, but that the
(Initials) student is participating by their own decision.

_____ I understand that this program is offered at no cost.
(Initials)

Program details:

Students participating in the Sherpa program have the opportunity to be a part of the Expeditions Unlimited Mission. These students get to serve alongside Expeditions staff and guides and make an impact on students participating in Expeditions camp and wilderness sessions. The majority of the work that students do does take place at camp and is mostly "behind the scenes." However, students are frequently called to take part in basic group guiding. Students will be living in cabins (separated by male and female) and will be living with Resident Assistants (18 or over). In addition to the adventures we have planned at camp (ie. High ropes course, canoeing, swimming, etc), the students will also take part in three extended trips in which we will be away from camp. This may include whitewater rafting, caving, canoe camping, climbing, etc.

The most important part of the Sherpa program is the spiritual aspect. Our desire is for each of the students to have personal growth in their relationship with the Lord. Each day we provide time for personal devotions and debrief of what each person learned through their personal time with God. This is a powerful time in which the students have the opportunity to strengthen their walk with the Lord and also develop a habit of reading their Bible regularly. Additionally, three times per week students take place in Bible Studies. Bible studies will be led by the Program Directors and the Resident Assistants.

We will be sending you information on how you can track your student's schedule and activities.

Do you have a Facebook account? Yes | No

We are so excited that you are sharing your son/daughter with us for the summer. Please keep us and your student in prayer throughout the summer.

Please "X" each attached document.

Waiver____ Health form____ Allergy form____

I, _____ permit my son/daughter, _____, to participate in the Sherpa Program through Expeditions unlimited. I understand that my son/daughter will be taking part in camp ministry and that at times my son/daughter may be out of contact for multiple days. I also certify Program Directors to sign as legal guardians on adventure specific waivers. I certify that all of the information listed above is correct to the best of my knowledge and I am in support of my son / daughter taking part in the Sherpa program.

Signature: _____ Date: _____