

Youth Mission Trip 2009 Registration Form

July 11-17, 2009 Sciotoville, Ohio

Church of the Saviour is pleased to announce the opening of registration for the 2009 Youth Mission Trip in Sciotoville, Ohio. Please complete this Registration Form, the Medical Release Form, and the Parent Permission/Youth Covenant Form. **Youth also must pick up the Stock Certificate Packet.** Please turn in or mail the completed forms, along with the registration fee of \$50.00, to the church office by **June 21**. If the fee is an issue, **PLEASE** contact Curt Campbell and arrangements will be made. As the mission trip nears, information will be sent to you at the e-mail address, if provided, or regular mail. **PLEASE WRITE LEGIBLY.**

You may mail the completed forms to the church office at:

Church of the Saviour, Attn: Youth Mission Trip, 2537 Lee Rd., Cleveland Heights, OH 44118.

(Please PRINT, enclose a check payable to **Church of the Saviour**, and return to church office by **June 21**.)

To participate in the Youth Mission Trip, youth must be entering grade 8.

Participant Name: _____

Participant E-mail Address: _____

Parent Name(s): _____

Parent E-mail Address: _____

School Grade entering this fall: _____ Enclosed \$ _____

T-Shirt Size (adult sizes): _____S _____M _____L _____XL _____XXL

For adult leaders only:

I will drive to the mission trip (yes/no) _____. I can take _____ people, which includes the driver.
Note: Fuel costs will be reimbursed.

Please try to attend the adult Team Meeting Sunday, June 28, 12:15 pm – 12:45 pm.

For youth, parents, and adults who would like to know more about the mission trip, please attend one of the informational meetings at the church:

Thursday, May 28, 7:00 pm – 7:30 pm OR Tuesday, June 2, 7:00 pm – 7:30 pm

Questions? Please call or e-mail Curt Campbell at (216) 321-8880 or curt@chsaviour.org

**** Adults & youth must complete & sign this release form ****

Medical Information & Release Form

Church of the Saviour Youth Mission Trip

Participant _____
(please PRINT)

Address _____
(street address)

(city)

(state)

(zip code)

Home Phone (____) ____ - ____ Cell (____) ____ - ____ Work (____) ____ - ____

Date of Birth _____

Person to contact in case of Emergency _____ Relationship _____

Home Phone (____) ____ - ____ Cell (____) ____ - ____ Work (____) ____ - ____

Family Doctor _____ Phone No. (____) ____ - ____

Family Dentist _____ Phone No. (____) ____ - ____

Health Insurance Company _____

Policy Number _____ Phone No. (____) ____ - ____

Personal Medical Information

Allergies _____

Medical History _____

Current Medications _____

Dietary Restrictions _____

Date of last tetanus booster: _____

In the event I am unable to communicate for myself, I hereby authorize emergency medical treatment, surgery, or dental care to be given as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

(participant signature; IF MINOR, then parent or guardian signature)

(date)

Parent/Guardian Permission Agreement

For _____
(youth's name – please PRINT)

I give permission for my son/daughter to participate in the Youth Mission Trip ministry of Church of the Saviour. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that adult volunteers will be chaperoning activities and will take reasonable action as they deem necessary to protect the best interests of all participants. I understand that private transportation will be used when travel is necessary. By signing this document, I release Church of the Saviour and adult volunteers from any liability or damages due to accident or injury.

In signing this document, my son/daughter agrees to conduct himself/herself in a safe and orderly Christian manner and will cooperate and comply with decisions made by the adult leaders.

I have read and understand the conditions described above and give permission for my son/daughter to participate in the Church of the Saviour Youth Mission Trip ministry activities.

(parent or guardian signature)

(date)

Youth Covenant

I understand that I am representing Church of the Saviour and want to participate in the Youth Mission Trip ministry. Therefore, I promise to abide by the following guidelines:

1. I am responsible for my actions. I will act in a Christian manner.
2. I will treat all people with respect. I will cause no injury or unhealthy criticism to others or myself.
3. I will treat others peoples' property with respect and cause no form of vandalism or destruction to any private or church property.
4. I will not use alcohol, drugs, or tobacco in any form.
5. I will not participate in inappropriate forms of PDA (public displays of affection).
6. I will dress modestly and appropriately to reflect Christian standards.

In addition to these guidelines, I agree to work in harmony with the members of the group by participating in all meals and activities, respecting each other's opinions, and caring for one another as sisters and brothers in Christ. I agree to listen and adhere to all the instructions given by the adult leaders.

(youth signature)

(date)