

Dear Parent/Guardian,

Your youth has expressed interest in attending the *2018* Mission Trip to Buckingham, Virginia. The Mission Trip will take place from **July 11** (morning) through **July 18** (evening).

During the Mission Trip, the youth will assist in repairing homes for families in need of assistance in Buckingham County. Work is performed each day with the exception of Sunday and the final Wednesday when the participants go to a picnic/party at Holiday Lake near Appomattox/Farmville.

The cost of this trip will be **\$120** for the complete Mission Trip if paid in full before or on **June 3rd**. These funds are used to purchase food, fuel, building supplies, and the Wednesday (July 18) picnic/park expenses. The cost of the trip increases to **\$140** if paid in full between **June 4th and June 17th**. Registration is possible after June 17th only if sufficient slots are available. The cost if paid in full **after June 18th** will be **\$180**. However, note that due to the time necessary to make the t-shirts, it is possible that a t-shirt may not be available for your child if you do not register him/her before **June 17th**. To ensure it is not cost prohibitive for a whole family to attend, the family rate (3 or more immediate family members) is the cost of 3 people at the rate based on payment date.

There are a limited number of slots for this trip and once those slots are filled, registration will be closed. This could occur before the deadlines above.

In order to ensure accuracy of the number people attending, the payment will be refundable up until July 1st; however, the payment will not be refunded until after our return from Mission Trip. Due to advanced planning purposes, refunds will not be provided if you cancel after July 1st.

Attendees can attend for part of the trip and the trip is pro-rated based on the number of days the individual will be attending. The cost per day will be \$15.00 if paid in full on or before **June 3rd**. Payment in full between **June 4th and June 17th** will cost \$17.50 per day. Finally, if full payment after **June 17th**, cost will be \$22.50 per day. Similar to those staying for the complete week, it is possible that registrants after **June 17th** may not receive a t-shirt. To determine the cost, count each day, including the arrival and departure days as full days and multiply it according to the date by which the registration is paid as identified in this paragraph. While we would like to assist in helping those arriving late or leaving early with transportation, it is up to the parent/guardian to provide for their own child's transportation to and from Buckingham. Transportation for those leaving to go to Buckingham on the *11th* will be arranged by the Missions team as well as those returning after the picnic on the *18th*. Any other departures must be arranged by the parent/guardian. We will assist where we can; however, it is ultimately your responsibility.

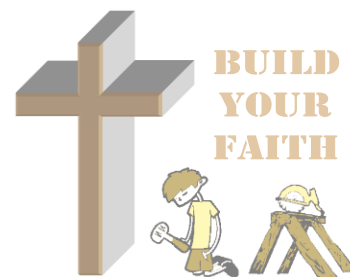
As part of the registration and to streamline the trip, we are requiring that a photocopy of the youth's medical insurance card be provided with the registration documents.

Because youth in the same family may be at separate work sites, we are requiring an individual packet be completed for **each child** attending.

If you have any questions regarding the trip, please contact Max at 876-7070.

Saint Jerome Missions

Saint Jerome Catholic Church • 116 Denbigh Boulevard • Newport News, Virginia 23608
757-877-3771 • missions@stjeromennva.org



Mission Trip Youth Registration Form

Youth/Family Information							
Youth Last Name		Youth First Name			Youth Middle Name		
Parent/Guardian Last Name				Parent/Guardian First Name			
Parent/Guardian Cell Number		Parent/Guardian Work Number			Parent/Guardian Home Number		
Street Address		Addl Street Data (Apt #)			City, State		
Home Phone Number		Youth e-mail			Parent/Guardian e-mail		
(Circle correct size) T-Shirt Size	yl	as	am	al	axl	axxl	axxxl
Glove Size		as	am	al			

Days Attending

On which days will your youth attend Mission Trip? If your youth will be there for the complete Mission Trip, please write "ALL" in the box under Wednesday, July 13. For part time attendance, please place an "x" in each box for every day your youth will attend the complete DAY. For arrival and departure dates, please indicate whether they will be arriving/departing early/late (i.e., AE for arrive early and DL for depart late).

Wednesday July 11	Thursday July 12	Friday July 13	Saturday July 14	Sunday July 15	Monday July 16	Tuesday July 17	Wednesday July 18

Youth/Parent/Guardian's Personal Responsibility Agreement and Release

*It is important for all youth to behave consistently with Church teachings and in accordance with Saint Jerome Missions program rules (see Boys/Girls Handbooks). Failure/refusal to comply with the rules could result in your youth being sent home **immediately**. Should this occur, it shall be the parent/guardian's responsibility to immediately pickup their youth.*

*Additionally, in order to ensure proper focus on the mission trip, youth are not permitted to bring cell phones or any other electronic media (mp3 players, portable gaming systems, etc). If these devices are found on the trip, they shall be taken and kept for the remainder of the mission trip. This restriction also includes both the drive to and from Buckingham. While the Saint Jerome Missions team will do everything to protect confiscated devices, the Saint Jerome Missions team is not responsible for any damages/theft that conceivably could occur to these devices while in our possession. The Saint Jerome Missions team respectfully requests that you ensure your youth's cell phone and/or other electronic media are securely in **your** possession prior to them leaving to prevent this from becoming an issue.*

In the event that a youth needs to use a phone, arrangements will be made to allow them to use one of the adult's phones. Additionally, should parents or guardians need to contact their youth, they may contact the work site coordinator who can then arrange for the youth to use their phone.

I understand that my youth shall not bring electronic devices. I shall not hold Saint Jerome Missions or any adult volunteers responsible for damages or theft that could occur to confiscated electronic devices. Additionally, should my youth act in a manner that is not consistent with Church teachings or the rules set forth by the Saint Jerome Missions team, it is my responsibility [upon request] to either immediately pick up my youth or arrange to have them immediately transported back from Buckingham County at the expense of the undersigned (please sign and date below):

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Signature Date

MEDICAL RELEASE FORM

<i>Youth Last Name</i>	<i>Youth First Name</i>	<i>Youth Middle Name</i>

<i>/ /</i>	M	F
<i>Youth Date of Birth</i>	<i>Youth Sex (Circle as Appropriate)</i>	

<i>Street Address</i>	<i>Addl Street Data (Apt #)</i>	<i>City, State</i>
<i>Home Phone Number</i>	<i>Parent Cell Number</i>	<i>Parent Work Number</i>

<i>Church/Parish attending</i>	<i>School Attending Next School Year</i>

INSURANCE INFORMATION

<i>Policy Holder's Last Name</i>	<i>Policy Holders First Name</i>	<i>Insurance Company</i>
<i>Relationship to Policy Holder</i>	<i>Policy Number</i>	

IN CASE OF EMERGENCY, PLEASE CONTACT

<i>Name</i>	<i>Relationship</i>	<i>24 Hour Phone</i>

PERTINENT MEDICAL INFORMATION

<i>Does your youth have any allergies?</i>	Yes	No
<i>If you answered "Yes" regarding allergies, please list in the space below:</i>		

<i>Does your child have medication of any type, with them?</i>	Yes	No
<i>If you answered "Yes" regarding medication, please list in the space below:</i>		

<i>Is there any other physical or emotional condition of which we need to be aware?</i>	Yes	No
<i>If you answered "Yes" regarding medication, please explain below:</i>		

<i>In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.</i>		
<i>Printed Name of Parent/Guardian</i>	<i>Signature of Parent/Guardian</i>	<i>Signature Date</i>

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I give permission to use photos/videos which include my child in promotional videos and brochures. This includes videos that may be posted on the Internet (YouTube, Facebook).

Please **INITIAL** over response Yes No

Youth Last Name	Youth First Name	Youth Middle Name

/ /	M	F
Youth Date of Birth	Youth Sex (Circle as Appropriate)	

Church/Parish attending	School Attending Next School Year

Parent/Guardian Last Name	Parent/Guardian First Name

Street Address	Addl Street Data (Apt #)	City	State	Zip

Home Phone Number	Parent Cell Number	Parent Work Number

IN CASE OF EMERGENCY, PLEASE CONTACT

Name	Relationship	24 Hour Phone

I, [Parent/Guardian named above] grant permission for my child [Participant named above] to participate in this event. I understand that this event will take place under the guidance and direction of parish employees and/or volunteers from the parish. My understanding of the event is:

Event Name	Saint Jerome Parish Mission Trip
Place Destination	Restoration Outreach Church/Church of Nazarene, Buckingham, VA
Individual in Charge	Max Lindsay or other appointed lead
Dates	July 11-18, 2018
Mode of Transportation	Individual Vehicles

As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless St Jerome parish, and the Diocese of Richmond as well as its officers, directors, agents, chaperones, or representatives associated with this event, arising from or in connection with my child attending this event, or including but not limited to accidents, emergencies, exposure to reckless conduct of persons .

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Signature Date