Dear Parent/Guardian,

Your youth has expressed interest in attending the 2022 Mission Trip to Buckingham County! We are excited about our plans to return to Buckingham for the first summer since 2019! This year's trip will take place from **Wednesday**, **July 13**, **through Wednesday**, **July 20**, **2022**.

During the trip, teams of adults, young adults and youth will be the hands and feet of Christ as we assist in repairing homes for families in need of assistance in Buckingham County. Work is performed each day except Sunday and the last day. The final day we have a picnic and go swimming, canoeing/paddle boating at Holliday Lake State Park near Appomattox/Farmville before returning back to St. Jerome.

During the week, the youth engage in daily prayer and retreat activities that help them grow in their faith and fellowship, while serving others less fortunate. **There are no personal electronic devices allowed for anyone under 18 years old.** They will meet new friends, learn new skills, learn about themselves and have fun! All rising 6th graders and older are welcome! This will be a week of growth for all – spiritual, physical and mental and the new friendships formed are a blessing!

Registration funds are used to purchase food, personal safety equipment, fuel, t-shirt, Holliday Lake expenses, retreat materials, and building materials. The cost of the trip will be \$130 for the whole week if paid in full on or before June 5th (early-bird). The cost of the trip increases to \$150 if paid in full between June 6th and June 19th (regular). Registration is possible after June 19th, if space is available, only until July 10th (late). The cost will increase to \$190 after June 19th. Those registering after June 19th are not guaranteed a t-shirt due to ordering deadlines. To ensure it is not cost prohibitive for a whole family to attend, the family rate is the cost of 3 immediate family members at the rate based on payment date. There are a limited number of slots available and once filled, registration will be closed. This could occur before the deadlines above.

While we hope nobody's plans change, the cost of the trip is refundable until July 3rd. *Refunds won't be made until we return from Mission Trip.* Due to advanced planning, registration fees won't be refunded for any cancellations after July 3rd. We ask that any cancellation be made in writing to stjeromemissiontrip@gmail.com.

Attendees can attend for part of the trip. Registration fees are prorated based on the number of days attending. When counting days please include arrival and departure days. Payment **made by June** 5th is \$17/day; June 6th-19th is \$20/day and after June 19th \$24/day. Those paying after June 19th may not receive a t-shirt.

As part of the registration and to streamline the trip, we do require that a **photocopy of their medical insurance card** be provided with the registration documents. Individual registration packets must be completed for each child attending because as a rule families are not on the same work teams.

Transportation for those leaving to go to Buckingham on the 13th will be arranged by the Missions team as well as those returning after the picnic on the 20th. It is up to the parent/guardian to provide transportation outside of the morning departure on July 13th and return trip after the lake on the 20th. We will assist where we can; however, it is ultimately your responsibility.

A packing list and more information will be sent closer to our trip. A new attendee meeting will be held as well. Please watch your email for information.

If you have any questions regarding the trip, please contact Delaine Botelho (753-7678) or Max Lindsay (876-7070) or email stjeromemissiontrip@gmail.com.



Peace and Blessings, St. Jerome Mission Trip team

MISSION TRIP YOUTH REGISTRATION FORM

Youth/Family Information

	Youth Last N	'ame	Youth	First Name	rst Name Yo		Youth Middle Name				
	Parent/0	Guardian Last Na		Parent/Guardian First Name							
	Parent/Guardian Ce	ell Number	Parent/Guard	lian Work Ni	umber	Н	ome Number				
	Street Addre	ess	City,	State Zip							
₩ -				_		•			,		
		Youth Email				Parent Ema	a <i>il</i>		<u> </u> 1		
L	Churc	h/Parish attendir	ng		Schoo	ol Attending Next	School Year	· 	ļ		
	T-Shirt Size	YL	AS	AM	AL	AXL	A2XL	A3XL			
	Glove Size			AM	AL						
<u> </u>											
			D 4 3/0 4/								
	DAYS ATTENDING										
 ☐ I will attend the entire trip – departing on Wed. and returning 7/20 with the group ☐ I will attend the days indicated below: Place an X in each box for every day you intend 											
to attend. Include arrival and departure days. Please enter arrival and departure times below.											
Estimated arrival time: Estimated departure time:											
Wednesd		Friday	Saturday	Sund		Monday	Tuesda		dnesday		
Jul 13	Jul 14	Jul 15	Jul 16	Jul 17	7	Jul 18	Jul 19	Jul	20		

MEDIA RELEASE FORM

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

Please initial:	Yes	No
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MISSION TRIP RULES

- No Electronics/Phones If found it will be confiscated and St. Jerome is not liable for loss or damage if confiscated.
- Dress Modestly This is a church trip therefore the fingertip rule applies for shorts, dresses, skirts, no bikinis, boxers are not appropriate sleepwear, no tank tops.
- No energy drinks. Snacks & drinks are welcome for the drive to Buckingham, per the driver.
- Be respectful of <u>all</u> others, of the churches we stay in, and homes we work on.
- Always strive to be inclusive and not exclusive.
- Specific job site safety and fellowship time rules will be given at mission trip.

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 for our trip 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

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Last Name			Youth Fi	rst Name	uth Middle	Name		
				Т				
/	/ /			M	F			
Youth Date of	Birth			You	th Sex (Circle as A	ppropriate)	
Parent/Guardian L	ast Nan	ne		P	arent/Guardian Fir	st Name		
Street Address	Add	dl Street Data (A	pt #)	City		State	Zip	
					•			
Home Phone Number		ı	Parent Ce	ell Number Parent Work Number			lumber	
IN CASE OF EMERGENCY, PLEASE CONTACT								
Name			Relati	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	Sa	Saint Jerome Parish Mission Trip						
Place Destination	Re	Restoration Outreach Church, Dillwyn VA						
Individual in Charge	De	Delaine Botelho, Max Lindsay or other appointed lead						
Dates			July 13-20, 2022					
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			Signature Date	

MEDICAL RELEASE FORM

	MEDICA	IL RELEASE F	ORIVI					
Youth Last Name	Youth Last Name Youth First Name				Youth Middle Name			
1 1	М		F					
Youth Date of Birth			Youth	Sex				
Street Address	Add'l Street Data (Apt #)			City, State Zip				
		, , ,			· · · · · · · · · · · · · · · · · · ·			
Home Phone Number	F	Parent Cell Number		Parent Work Number				
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II	NSURA	NCE INFORMA	TION					
Policy Holder's Last Name	Poli	cy Holders First Name		Insurance Company				
,					, ,			
Relationship to Policy He	older		Polic	cy Number				
ATTACH A COPY OF TH	E FRONT	& BACK OF PAR	TICIPANTS	SINSURANC	E CARD			
IN CASE C	F EME	RGENCY, PLE	ASE CON	ITACT				
Name		Relationship		24 Hour Ph	one			
PERT	INENT I	MEDICAL INFO	RMATIO	N				
Does your youth have any allerg				Yes	No			
If you answered "Yes" regarding		please list in the s	space below	v:				
, ,		•						
	• •				N.1			
Does your child have medication		•		Yes	No			
If you answered "Yes" regarding	medication	on, please list in th	e space be	low:				
**ALL medications – over the counter a	& prescripti	on – need to be in orig	inal container	s & placed in a la	rge Ziploc bag			
with youth's name.**								
				T				
Is there any other physical or en be aware?	notional c	ondition of which w	ve need to	Yes	No			
If you answered "Yes", please explain below:								
ii you answered it es , piease explain below.								
In the event of any emergen								
treatment. I understand that	an attem	pt to notify me wi authorized.	ııı be made	perore any ti	reatment is			

Signature of Parent/Guardian

Signature Date

Printed Name of Parent/Guardian