



Jr. High Youth Mission Trip

The Jr. High Mission Trip is one of the best things you will ever do in your life...promise. You will grow as a person, meet new friends, and best of all, put your faith into action. You will NOT regret going!!!

Meet at Memorial Lutheran Church Sunday, June 18th at 6:00pm

...dinner provided

Pickup Friday, June 23rd at TBD

- **Cost: \$100 includes meals, transportation on trip, & t-shirt**
 - *You can pay by check (made out to "NewChurch")...or online at NewChurchTexas.com/give*
 - *Scholarships are available...talk to Peter (dcepete@gmail.com)*
- **Payment & forms due by Sunday, June 11th**

TO BRING list:

- | | |
|--|--|
| <ul style="list-style-type: none"><input checked="" type="checkbox"/> Flexibility and a great attitude<input type="checkbox"/> Clothes for the week (clothes to work in, sleep in, lead VBS in, etc...flip flops and closed-toed shoes recommended)<input type="checkbox"/> 2 towels (one for Brookwood pool and one for showers)<input type="checkbox"/> Swimsuit (modesty is expected)...Please note that Brookwood pool required that everyone swim with a shirt on (male and female)<input type="checkbox"/> Sleeping items (Air mattress or cot, sleeping bag, pillow, blanket, etc. as we will be sleeping on a church building floor) | <ul style="list-style-type: none"><input type="checkbox"/> Personal toiletries – tooth brush, toothpaste, DEODORANT!!!<input type="checkbox"/> Nail Polish for "Spa Day" at our nursing home on Tuesday<input type="checkbox"/> Limited snacks are OK but count on sharing<input type="checkbox"/> Any meds you need – talk to Peter about meds you take<input type="checkbox"/> Optional...cell phone (at your own risk)...parents can reach you via Peter or Tara if needed... Peter's cell (281) 636-6794 - Tara's cell (281) 636-6401 |
|--|--|

DO NOT BRING

- A bad attitude
- \$\$?...don't know yet...I'll let you know
- Jewelry or anything not replaceable or that has significant value



WORSHIP GOD. LOVE PEOPLE.

Hosted at: Memorial Lutheran Church, 5810 3rd St, Katy, TX 77493



Jr. High Mission Trip Permission

Full Name: _____ **Age:** ____ **Grade:** ____ **T-shirt sz:** ____

I _____ give _____ permission to join...
(Parent's/Guardian's name) (Youth's name)

...NewChurch Youth for the Jr. High Mission Trip to be held on June 18th-23rd, 2017 at Memorial Lutheran Church in Katy, TX. I will not hold NewChurch/Memorial or NewChurch/Memorial's staff and/or volunteers responsible for accidental injury. I understand that any youth with or under the influence of drugs or alcohol, engaging in sexual activity, or involved in major acts or violence or stealing will be sent home at the legal guardians expense.

Youth's Signature _____ **Date** ____ / ____ / ____

Parent's Signature _____ **Date** ____ / ____ / ____



Photo, Audio & Video Release Form

I _____ hereby give permission for audio and visual images
(Parent's/Guardian's name)

of my child under age 18, captured during NewChurch youth activities/events/trips through, audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of NewChurch and the NewChurch Youth Ministries and waive any rights of compensation or ownership thereto.

Full Name of Participant (please print): _____

Participant Signature: _____ **Date** ____ / ____ / ____

Parent's/Guardian's Signature: _____ **Date** ____ / ____ / ____



Emergency Medical Release Form

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Male: ___ **Female:** ___ **Date of Birth:** ___/___/___

Mother/Guardian Name: _____ **Phone:** _____

Father/Guardian Name: _____ **Phone:** _____

Emergency & Health Information:

Date of last tetanus shot (mm/yyyy): ___/___

Does youth have: (If "yes", please explain.)

Yes ___ No ___ Allergies? _____

Yes ___ No ___ Heart Condition? _____

Yes ___ No ___ Other? _____

Is youth subject to: (If "yes", please explain.)

Yes ___ No ___ Fainting? _____

Yes ___ No ___ Sleep Walking? _____

Yes ___ No ___ Upset Stomach? _____

Yes ___ No ___ Other? _____

Does youth have a reaction to: (If "yes", please explain.)

Yes ___ No ___ Bee Stings? _____

Yes ___ No ___ Penicillin? _____

Yes ___ No ___ Other Drugs? _____

Yes ___ No ___ Poison Ivy, Oak, Sumac? _____

Yes ___ No ___ Other? _____

Other Conditions: (If "yes", please explain.)

Yes ___ No ___ Has the youth had any serious illness or surgery within the past ten years? _____

Yes ___ No ___ Does the youth have any condition that would prevent him/her from participating in any youth activities?

Yes ___ No ___ Is the youth diabetic? _____

Yes ___ No ___ Does the youth have any sight or hearing impairment?

Yes ___ No ___ Does the youth wear contact lenses? _____

Please list ANYTHING else that leaders should know to help avoid/handle any situation that might arise regarding your child: _____

Health Insurance: (or provide photocopy of both sides of insurance card)

Health Insurance Company _____ Phone _____

Company's Address _____

Policy No. _____ Group No. _____

Subscriber's Name _____ Date of Birth ___/___/___

Subscriber's Address _____

Emergency Information: (MUST be included!)

Name of another person to contact if parent cannot be reached:

_____ Relationship _____

Contact's Phone _____ Other Phone _____

Family Doctor's Name _____ Phone _____

Family Dentist's Name _____ Phone _____

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

I/We, the undersigned parent(s) and/or legal guardian(s) of _____, a minor (under age 21), do hereby authorize NewChurch Representative to:

- (1) Consent to medical, surgical, and dental care for such minor child,
- (2) Consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other healthcare personnel providing care for such minor child, and
- (3) On my/our behalf to employ physicians, surgeons, dentists, nurses, and other healthcare personnel as may be deemed necessary for such minor child, and/or admit such minor child to any hospital, clinic, emergency room, laboratory, or other healthcare or diagnostic facility for examination, treatment, surgery or care and sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical, or dental care being required, but is given to provide authority to obtain such care if it should be required.

NewChurch or its faculty, staff, and volunteer assistants are not held liable for any injury or accident that should occur on a NewChurch youth activity.

_____/_____/_____
(Date) (Parent/Guardian Signature)

_____/_____/_____
(Date) (Parent/Guardian Signature)