

Mexico Service Trip 2010



Offering a Helping Hand March 27 - April 3

Cost:

\$75	Nonrefundable Deposit w/ Release Form
\$100	Due Jan 24 @ Training #1
\$100	Due Feb 21 @ Training #2
\$100	Due March 21 @ Training #3
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= \$375	per student

Actual cost per student is around \$1,300. So Each student will be required to participate in all fundraisers and go to all training sessions. If fundraisers or training sessions are missed that student will need to pay the difference for their cost. Arrangements can be made in advance for missed sessions.

Important dates to Remember and put in your calendar

Training #1: Sunday, Jan 24, 10am in the Portables

Training #2: Sunday, Feb 21, 10am (Portables)

Fundraiser Dinner/Auction: Friday March 12

Training #3 and Commissioning Service: Sunday, March 21
9,10, &11am services for Commissioning and training

Mexico Trip: March 27 –April 3

Stockholder's Dessert: Sunday April 25, 6:30-8pm

Mexico Mission 2010 Registration and Release

First Name: _____ (Name As Found On Passport)
 Middle Name: _____ Birthday _____
 Last Name: _____ Gender: _____ Grade: _____
 Phone: _____ Address: _____
 In case of Emergency Notify: _____
 Medical Ins: _____ Policy #: _____

Does the camper have any drug allergies? yes no, specify: _____
 Does the camper have any other allergies? yes no, specify: _____
 Date of last tetanus booster: _____
 Behavioral Concerns: _____
 Activity Restrictions: _____
 My youth may be given the following medications as needed: yes no
Tylenol, Motrin, Benadryl, Midol, Cough Suppressant

All medicine (prescription & over the counter) must be turned in, with the exception of inhalers & EpiPens. Put all medications into a Ziploc bag. Write the youth's name & date of birth clearly on the bag. List all medications and check their administration time(s):

Medication Name	Breakfast	Lunch	Dinner	Bedtime	As Needed	Other (specify)

I give permission for person mentioned above to participate fully in the SCC Mexico Mission Trip March 27-April 3, 2010, including travel to and from the event. I understand that in case of emergency, every effort to contact me will be made and I hereby give my permission for the adult youth leadership staff of SCC to take the above named participant to a doctor or hospital and I hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I as the parent/legal guardian, assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation responsibilities. I also understand the start & end times & location of said event and I understand that full, qualified supervision is provided at all events. Therefore, I will not hold SCC or any of its youth staff liable for my child before, during or after hours of youth events.

Parent/Guardian Signature

Date