



2021 FCC Youth Mission Trips Sign-up/ Covenant Form



Chi- Rho & C Y F

Date: July 11-16, 2015

Destination: Galveston/ Texas City, TX

Who: Youth completing grades 6-12

Focus Area: Natural Disaster Recovery (Painting & Exterior Work)

Primary Agency: Galveston County Long Term Recovery

Cost: \$75

****Please note that fundraising and congregational support covers majority cost****

I/ We will:

- Provide FCC Trip Leadership with Covid Vaccine proof OR proof of negative Covid Test within the past 72 hours for the youth at the start of the Mission Trip
- Attend 1 Parent/ Guardian Pre-Mission Trip Meeting or arrange a phone call for questions
- Actively Participate in FCC Mission Trip Fundraising (Fall 2021 this year)
- Pray for the youth & sponsors before and during this trip
- To be alert to details and deadlines concerning this trip and related activities
- To let FCC know in writing in advance asap if I will not be able to attend
- To let the church office know if the best way to contact me changes
- Complete a Parental Release/ Medical Authorization regardless of youth participant age
- Trip participants will respect all people and property on the trip at all times, including the adults on the trip as they strive to keep me/ my youth safe and provide the best trip possible for all
- I expect that I as a youth/ my youth will be sent home at my/ my family's expense if I do not keep this covenant and/ or refuse to comply with the adults on the trips request at any time

FCC will:

- Keep all participants and the trip as a whole in prayer
- Keep participant families updated regularly with trip details
- Strive to provide a trip that fosters education, service, fellowship, and spiritual growth
- Ensure that the cost to families for the trip stays within the stated price

Youth's Name _____ **Youth Signature** _____

Parent/ Guardian's Signature (For ALL youth, including 18+) **and Date** _____

Parent Email _____ **Youth Email or Cell** _____

FCC Youth Parent/ Guardian Consent, Release & Medical Authorization

_____, a minor of whom I claim to have legal custody of, has my permission and recommendation to participate in activities, meetings, events and trips including out of state/ air travel with First Christian Church (Disciples of Christ) of Arlington, Texas during the period of June 1, 2021- June 1, 2022.

I will not hold First Christian Church of Arlington, Texas (hereafter referred to as the church), the church's staff, the church's volunteers, the church's members, or any entity/ organization/ camp/ foundation/ congregation in collaboration/ association with the church (hereafter referred to as "its affiliates") responsible for liability in the case of any injuries, illness, accidents, or incidents occurring during any activity, in transportation to/from any such activity, or in the time leading up to or proceeding any such activity and by this document do release them from all liabilities and claims. While I understand that the staff and volunteers of the churches will strive to make every event the best possible and hold the well being of my child as paramount, actions deemed negligent or insufficient will not affect in any way this complete release of liability. If the church needs further information to provide care for my child I agree to provide the churches' staff with such information and to keep them informed if that information changes. If a youth refuses to respect the guidance of the adults on a trip out of town, I understand that my youth will be sent home and that I will be responsible financially for that youth's transportation costs home.

I authorize the staff and volunteers of the church and/ or its affiliates to seek emergency medical aid should such treatment be deemed necessary at the discretion of the churches' staff or volunteers during any of the times mentioned above. I understand a staff member or volunteer from the church, will attempt to contact me as soon as possible in any such case. I consent to my child being transported by any means deemed necessary, admitted to, and/ or treated by trained medical personnel and/ or treatment centers for such treatments to include, but not be limited to, examination, medication, x-ray, anesthetic, medical or surgical diagnosis and all other treatments/ procedures deemed necessary by the attending medical personnel. While in the process of seeking such care and for cases not requiring further care to be sought, I consent to preliminary medical care including, but not limited to: over the counter medication, First Aid, and CPR.

Please initial here ___ if you **DO NOT** want your child's picture, image/ likeness, or video used for church promotional purposes including but not limited to church web site and social media. All participants may be included in slide shows/ internal communications by the congregation or agency by nature of their participation.

I consent that this form will be kept on file and will be considered valid without exception from this moment forward until the date of June 1, 2022.

Printed Name

Signature of Parent/ Guardian/ Participant 18+

Date

Insurance, Physician, and Emergency Contact Information

Insurance Policy Company _____

Insurance Policy Number & Group Number _____

Insurance Verification Phone _____

For emergencies contact (Parent/Grdn): _____ *If no answer, contact:* _____

Name: _____

Name: _____

Number: _____

Number: _____