

Mission Trip 2020
Destination: Chattanooga, TN
June 20-28, 2020

Our 2019 Mission Trip is an opportunity to grow together and engage in acts of service for our neighbors in Chattanooga, Ohio. This process begins now, as we form our group, raise some money, and work together toward our goal of serving Jesus and others next summer in Chattanooga, TN.

Chattanooga, Tennessee is a city rich in history, natural beauty, and bustling activity. Located in southeastern Tennessee right along the Tennessee River and the Georgia border, this city has a definitive Southern flavor. You'll find many attractions and museums in the city as well as gorgeous landscape. The city is surrounded by ridges and lies at the transition between the ridge and valley of the Appalachian Mountains and the Cumberland Plateau.

Chattanooga has big plans for camp! Many small homes owned by long term residents are still in need of paint, access via ramps, and porch repairs, which will allow folks to enjoy their home safely.

Cost per person: \$468 (plus transportation, food and lodging on the road, and side trip excursions—did someone say Nashville?)

Deposit: \$50 due by October 15, 2019

\$150 Due by February 18, 2020

\$150 due by April 21, 2020

I am so excited that you are considering this opportunity!

Pastor Brad Brown

pastorbrad.brown@gmail.com

414-305-2349

See Back for Key Dates!

Key Dates

October 15—Registration and Deposit Due

October 27—Group Planning Meeting, Group Meeting 11:30am

November 3—Penny Wars Begin

December 8—Penny Wars End, Group Meeting at 11:30am

January 9—Jamboree Prep Night

January 11--Jamboree

February 18--\$150 due

February 23—Stock Sale Prep

April 21, \$150 due

Sunday April 12—Easter Breakfast

June 13—Sending Sunday

June 20-28, 2020 Mission Trip!

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Chattanooga, TN

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Participant Information:

Name: _____ Birthdate: _____

Address: _____

Phone: _____ (home/cell) Instagram: _____

E-Mail: _____

Parents/Guardians

Name: _____ Relationship to Youth: _____

Address (if different): _____

Phone: _____ (home/cell/work) Alternate Phone: _____ (home/cell/work)

E-Mail: _____

Name: _____ Relationship to Youth: _____

Address (if different): _____

Phone: _____ (home/cell/work) Alternate Phone: _____ (home/cell/work)

E-Mail: _____

Emergency Contacts (in addition to Parents/Guardians)

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Medical Information:

Please list all known medical conditions:

Please list all allergies, including food allergies and allergies to medications:

Please describe any limitations to your child's activities:

Please list all medications regularly taken, including dosage and medical devices used (including implanted medical devices).

Note: It is the policy of North Cape Lutheran Church not to administer either prescription or non-prescription medication to youth under our care. Exceptions may be granted to parents of youth with potentially life-threatening conditions (such as asthma or server reactions). Parents should address their situation with the Director of Youth and Family Ministry, Mission Trip Director or Pastor. The information we request on this form will be given to medical personnel in case of an emergency.

Primary Physician:

Name: _____ Phone: _____

Address: _____

Dentist:

Name: _____ Phone: _____

Address: _____

Primary Insurance:

Company Name: _____

Billing Address: _____

Phone Number(s): _____

Policy Holder's Name: _____ Relationship to Child: _____

ID # _____ Policy/Group Number: _____

Please include a copy of both sides of your insurance card.

Medical Consent

In the event of an emergency or non-emergency situation requiring medical treatment of my child during his/her participation in the North Cape Youth Gathering Trip, I the undersigned parent/guardian of _____ (name of participant) give the staff and adult volunteers of North Cape Lutheran Church my consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of my child, including but not limited to administration of first-aid, use of an ambulance, x-ray examination, administration of anesthesia, surgery, and hospitalization.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Release of Liability

In consideration of the participation of my child _____ (name of participant) in the Youth Gathering, I indemnify and hold harmless North Cape Lutheran Church, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my child.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Agreement to Policies and Procedures

I _____ (name) agree to fulfill the requirements of the North Cape Lutheran Church Youth Fundraising Covenant and model my behavior in all activities and events according to the North Cape Lutheran Church Youth Behavioral Covenant.

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____