

# Mission Trip: Minneapolis

Thursday-Sunday, June 22-25, 2017

*A Presbytery of the Northern Plains "Youth Connection" Event for 5<sup>th</sup>-8<sup>th</sup> Grade Youth*

Participant Name: \_\_\_\_\_

What do you prefer to be called? (aka Nickname): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size: (Adult Sizes) \_\_\_\_\_

Participant Cell Phone Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Have you been to Minneapolis before? Yes \_\_\_ No \_\_\_ Can't Remember \_\_\_

Favorite Food: \_\_\_\_\_ Favorite Cereal: \_\_\_\_\_

Favorite TV Show: \_\_\_\_\_ Favorite Sport: \_\_\_\_\_

Why do you want to attend this trip? \_\_\_\_\_

\_\_\_\_\_

## **Parent and Emergency Contact Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are you interested in Scholarship Opportunities? YES NO MAYBE

**Registration and \$175 fee are due Sunday, June 11<sup>th</sup>.**

**\$150 Early Bird Registration Fee due Saturday, April 1<sup>st</sup>**

Checks can be made out to First Presbyterian Church. Registration and fee can be turned into Ashley at First Presbyterian Church (214 E. Thayer Ave.)

# Mission Trip: Minneapolis

Thursday-Sunday, June 22-25, 2017

*A Presbytery of the Northern Plains "Youth Connection Event" for Middle School Youth*

Registration and \$175 Fee are due Sunday, June 11<sup>th</sup>.

*\$150 Early Bird Registration Fee due Saturday, April 1<sup>st</sup>*

## Participant Agreement, Medical and Photo Release

I/We, the undersigned parents of \_\_\_\_\_, a minor, do hereby authorize the Presbytery Youth Leader Representative as agent for the undersigned to seek the appropriate medical attention for my child, should such attention be required while my child is attending or in route to and from the youth event.

I hereby give permission to the treating physician to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the treating physician to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above.

I authorize and trust Presbytery of the Northern Plains, and subsequent churches, to safely publicize pictures of my child through electronic media, print, broadcast, or any other means of communication.

No weapons (knives, etc.), drugs, alcohol, or tobacco products are allowed at this event. Everyone will participate in all scheduled activities and honor all meetings times. Any infraction will be dealt with by the youth leaders, and if sent home it will be at your own expense. I understand and will comply with the above rules:

Parent/Legal Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date \_\_\_\_\_