S MISSION TRIP July 13-17, 2015

2015 TFCA YOUTH MISSION TRIP

Come be part of the renewing of Pittsburgh through Christ's love and service to the elderly and low income homeowners. Join all the youth from TFCA in high school or middle school work groups for a week of serving and learning. You'll have fun and you may learn a new skill like painting, hammering, drilling, etc! We stay in dorms in the Guest House on the Pittsburgh Project campus. Meals are in the cafeteria for breakfast & dinner with lunch at the worksites. Cost includes food while in Pittsburgh, transportation, lodging, & t-shirt. Fill out the **registration form** and include a **\$200 non-refundable deposit.** Mail to The Falls Church Anglican

"Youth Mission Trip," 150 S. Washington St #100, Falls Church, VA 22046. Please make checks payable to "**The Falls Church Anglican**." <u>Early Bird Registration</u>: **Cost \$525** if deposit received by Dec. 14, afterwards **\$550.** The *remaining cost* will be due through fundraising or through your own payment **by June 22nd.**

<u>MANDATORY DATES</u>: Mission Trip Fundraising Dinner May 2, 4-10pm; Team Meetings: Sundays, May 31, June 14, at 12:45-2pm <u>DEADLINE</u>: Registration deadline for the Pittsburgh Project mission trip is **March 15** (A \$35 late fee will apply after deadline) <u>APPLICATION QUESTIONS</u> (250 words) Attach separate sheet of paper with the registration form: 1. Describe your relationship with Jesus Christ. 2. What is one thing that God has taught you recently? 3. What are some of your gifts that can be used in service to God? Questions? Youth Office 571-282-0300 or students@tfcanglican.org

This event is sponsored by The Falls Church Anglican Youth Ministry and is open to anyone regardless of race, gender, school or church affiliation. 2015 TFCA YOUTH MISSION TRIP JULY 13-17 \$525 before Dec 14, after \$550

(\$200 Non-refundable deposit due with registration) \$35 Late Fee after March 15

Students Name (Last)		(First)	Goes by	
Male / Female Date of Birth (M/I	D/Y)	_HS Graduation Year _	School	
Home Address		_ City	State	Zip
Home Phone	Student Cell Phor	าย	Student Email	
Name of Father/Guardian		_ Cell #	Work #	
Name of Mother/Guardian		_ Cell #	Work #	
Best Parent Email for Contact/Inf	o (identify)			

MEDICAL & EMERGENCY CONTACT INFORMATION						
Additional Emergency Contact (r	not parent)	Relation	Phone			
Health Insurance Carrier		Name of Insured				
ID #	Group #	Phone #				
(Allorgies to food or drugs? (Ploo	so list)					
<pre>ilergies to food or drugs? (Please list)</pre>			Other Limitations or Restrictions?			
Additional boalth information /c	oncerns:					
Auditional nearth information/C						

PARENT PERMISSION FORM

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR I/We, the undersigned parent(s) or lawful guardian(s) of ________, a minor, authorize The Falls Church Anglican to serve as my/our agent for determining the need of, and for authorizing, any diagnosis, treatment, and medical care (including, but not limited to determining the type of health care professional and hospital care needed) determined by The Falls Church Anglican to be advisable during the 2015 TFCA Youth Mission Trip. I/We understand this authorization is given in advance of any specific diagnosis, treatment or medical care being required, and is given to provide authority and power on the part of The Falls Church Anglican to give specific consent to any and all such diagnosis, treatment or medical care that the health care professional in the exercise of his or her best judgment may deem advisable. LEGAL RELEASE In consideration of The Falls Church Anglican determining the need for, and type of, diagnosis, treatment, or medical care (if any), I/We release The Falls Church Anglican from any and all liability whatsoever for bodily injuries, property damage, or other claims sustained during or related to the diagnosis, treatment, and medical care. I/We also agree to indemnify The Falls Church Anglican and/or its agents for, and hold The Falls Church Anglican and/or its agents form, any and all claims or suits brought by any person or entity to the extent of any and all costs, expenses, damages, judgments, verdicts, and/or attorneys' fees.

LIABILITY FOR VANDALISM OR DAMAGES I/We agree that aforesaid minor will be held personally responsible for any vandalism, and for damages caused by negligent behavior or failure to follow trip rules. PITTSBURGH PROJECT RELEASE I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that my child may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

IMPORTANT: The box below must be completed and signed by parent/guardian

I have read and understand the foregoing authorization, legal release, liability for vandalism or damages. I give permission for my child to participate in 2015 TFCA Youth Mission Trip to travel in Youth Ministry vehicles or chartered buses for off-site (TFCA) activities &/or trips. I give permission for pictures/videos in which my child appears as a program participant, to be used in camp brochures, flyers and/or other promotional materials published and distributed by the Youth Ministry Office of The Falls Church Anglican.

Parent/Guardian Name ___

Signature

Date