

CityServeSeafarers Youth Mission Adventure Registration DUE: June 10

June 30- July 2, 2017 Cost - \$35

Questions? Contact Sue Dimmitt

FaithFormation@HolyCrossRedmond.org

425-885-5822

All current students in grades 6-12 are welcome to participate.

To be filled out by each applicant:

Name (First, Last): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Grade during the 2016-2017 (current) school year: _____

To be filled out by parents/guardians:

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Second Parent Name (if applicable): _____

What would you like us to know about your child? _____

Mission Trip Covenant

As a participant of the CityServe Seafarers 2017, I agree to live by and follow this community covenant as we prepare and as we carry out the mission.

- I will do my best to attend every scheduled meeting or event leading up to the trip.
- Recognizing that I am a part of a community and I am being sent on out on behalf of Holy Cross, I will regularly attend Sunday worship/Youth Group at Holy Cross.
- I will commit to keep these dates solely for the purpose of CityServe Seafarers.
- I will treat my fellow team members with respect.
- I will act in a respectful manner to everyone I meet and interact with during the duration of the mission.

Participant _____ Date _____

Parent/Guardian _____ Date _____

2017 CityServe Seafarers Medical Release and Waiver of Liability

Please print the following information for the participating minor/adult:

Name _____ Date of Birth _____

Address _____

City/State _____ Zip _____ Phone _____

Email _____ Parent/Guardian Email _____

Parent/Guardian Primary Phone _____ Secondary Phone _____

Emergency Contact _____ Phone _____

Contact's relation to minor or adult participant _____

Secondary Emergency Contact _____ Phone _____

Contact's relation to minor or adult participant _____

I, _____ legal guardian of the above named minor and in reference to the same minor/adult participant:

Am aware of the purpose and nature of this trip and give my permission for my child/legal charge to participate in all ordinary activities that the youth might engage in on these trips.

Certify that there is no known medical or physical reason to restrict his/her activities.

Understand that in the event of an emergency, every effort will be made to contact me using the information I have supplied above. If I cannot be contacted I authorize the team leaders to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment or hospital care to be rendered to the minor deemed necessary by attending medical personnel. I will be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services incurred by my child/legal charge.

Give my permission for this minor to ride in any vehicle designated by team leaders or their agents for the purpose of participating in the mission trip and related activities.

Understand that participation in any illegal activity, possession of weapons, drugs, or alcohol, or any other activity that substantially harms (emotionally, physically, or otherwise) another individual member of the group or the group as a whole will result in the named youth being sent home.

Am aware of, understand, and accept full responsibility for all risks of travel and work assigned to my child/legal charge while participating in CityServe Seafarers. I hereby indemnify and hold harmless the Church of the Holy Cross, Episcopal, Mission to Seafarers and staff and agents of the afore mentioned, and waive any and all legal claims against the same for any injuries, direct or consequential damages or loss that may result from this minor's work and involvement (or my own work and involvement) and I assume all of such risk unto myself.

Participating minor _____ Date _____

Parent or Legal Guardian of minor _____ Date _____