

Student Mission Trip Application

Open for students currently in grades 9 and above

Application Deadlines

- Applications for *SPY Mission 2018 to Guatemala* will be posted ONLINE on the SPY Webpage on Nov 13. Registrations for students who HAVE NOT been to Guatemala will be accepted after November 15.
- *Applicants who attended previous SPY Missions to Guatemala will not be eligible to register for SPY Mission 2018 to Guatemala until November 20.*
- Final deadline: December 1, 2017 **OR** when 15 confirmed youth participants are registered.
- Beyond 15 registered students, a waiting list will be created.
- Registered = full application + \$100.00 non-refundable deposit received.
- Registrations must be received in the parish office, and date stamped by a member of the parish staff.



Dates of trip: June 15 to June 22, 2018

- Our first pre-trip meeting will be in November, team members will be notified of this date.
- Meetings will be held on a monthly basis to convey information about Guatemala, the trip, fundraising, and build team cohesiveness.

Projected cost without fundraising: \$1300.00

- Fundraising weekends (schedule provided at first meeting)
- Fundraising is a tool we will use to defray SOME of the costs associated with this trip
- **FINAL PAYMENT IS DUE: May 1, 2018**

Passport

- Must have a passport: takes about 6 to 8 weeks
- You need the passport BOOK not the passport card.
- <http://travel.state.gov/content/passports/english.html>
- **YOU NEED YOUR PASSPORT BY March 1st, 2018**

Immunizations needed (talk to your doctor) by Jan 1, 2018

- **(make your appointments early shots are given in a series)**
- Hepatitis A and Hepatitis B
- Updated Tetanus within the last 5 years
- A prescription of Zithromax or Cipro is recommended

Ways to contact Bryan

Snail Mail: 3535 72nd Street East, Inver Grove Heights, MN 55076

Phone: 651-621-1562

Fax: 651-455-8984

E-mail: bcollins@churchofstpatrik.com



Code of Conduct

- Students are representatives of ST. PATRICK'S Church, the Youth Ministry Program, and the Archdiocese of St. Paul and Minneapolis; we ask them to project an image of Christian consideration, sensitivity, and respect for others and the property around them.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel, and administration.
- Be on time!
- Understand that Guatemala is a land with a different culture. It is extremely important that all members of the mission team understand and reflect in their actions sensitivity to the Guatemalan people and their culture. This will be reflected in the way we dress, communicate, and through our actions during our preparation and actual trip.
- This is a mission trip. We are on this trip to work and experience the culture of Guatemala. Although many times we will be having fun, it is important to understand our mission and purpose of this trip.
- Not have in your possession any tobacco, alcohol or any controlled illegal substance
- Have fun!
- Given the nature of this trip and the expenses required of ST. PATRICK'S CHURCH, refunds of deposits, fundraising contributions, or any other payment, are not available.
- Attend pre meetings and fundraisers, as well as commit to the success of the SPY Mission group.

I (we) understand this code of conduct and the responsibilities of being a member of the SPY Mission team - Guatemala.

We also understand given the current world situation, certain factors may make traveling out of the United States unsafe. Should it become necessary, St. Patrick's leadership reserves the right to move the location of or cancel this mission trip in the interests of safety of the students and chaperones.

Participant Signature

Date

Parent or Guardian Signature

Date

Guatemala Application 2018 participant

Date Turned in: _____

Name: _____

Address: _____ City: _____

Zip Code: _____ E-mail: _____

Phone: (_____) _____

Parents Name(s): _____

Grade 2017 to 2018: _____ School: _____

Please attach the following items:

____ Deposit of \$100 (NONREFUNDABLE)

____ A copy of health insurance card

____ Application

____ Parental consent form

What is your motivation for attending the Guatemala mission trip with ST. PATRICK'S YOUTH?

How do you understand the nature of mission as it pertains to this trip?

Are you going to commit to every fundraising event and meeting?

What do you bring in yourself to the mission team?

In what ways will you educate yourself about Guatemala before the trip?

Is there anything else that you would like to know about the trip and its preparation?

I understand the conditions in the selection process and in attending of the SPY mission trip to Guatemala. I understand the code of conduct. I will commit to make the trip a success and will participate in all of the activities prior to our departure.

Participant Signature

Date



PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Participant Name _____

Date of Birth _____ M or F (please circle) Grade 2017/18 _____ School _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email (for announcements prior to event) _____

Date of Event: 6/15/18 to 6/22/18 Type of Field Trip: SPY Mission Trip
Destination: San Lucas Toliman, Guatemala
Individual(s)/Teacher(s) in Charge: Bryan Collins and adult chaperones
Student Cost: \$1300.00 before fundraising

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Patrick/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit. We occasionally take pictures at our events. These pictures will be only used within St. Patrick's parish for the use of informing the parish about our events. If you do not wish for your child to be in these pictures please notify the youth minister.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

Medical Information:

Medication my child is taking at present _____ Allergies _____

Other Medical Conditions _____ Family Health Plan & number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date

T-shirt Size – (Adult Sizes): S M L XL Please Circle

Friends of San Lucas Mission
4679 Cambridge Drive
Eagan, MN 55122

Hold Harmless, Waiver of Liability and Emergency Medical Care Authorization

The 'Friends of San Lucas' & 'San Lucas Mission' have developed this covenant agreement in order to responsibly attend to the health safety of our participants and to assure that you've properly been informed of the security and safety issues pertinent to the mission trip/immersion trip you plan to take.

The 'Friends of San Lucas' & 'San Lucas Mission' will make all efforts within our control to assure as safe and healthy mission trip/immersion experience. Yet, we will enter areas of poverty in foreign settings as a fundamental element of our trips and in doing so, we undertake certain risks.

I, _____, _____ will be participating in the San Lucas Mission trip to from _____, to _____ (dates) with _____ (Group Name) .

1. I've verified that I have health insurance in effect for the duration of the trip and if I do not, I have notified trip organizers of this fact.
2. I'm aware that there are inherent risks in travel and work in volunteer settings, that living and working conditions in the trip location differ considerably from my home environment and that such conditions are not within the control of the 'Friends of San Lucas' or the 'San Lucas Mission'. Housing will be simple, appropriate to the nature of our trip as a mission trip. Trip organizers will have ready access to reputable health care facilities available in the area of your trip destination, but these health care facilities may not be as accessible or of the standard available in a typical United States setting. I understand that the local organizations hosting us may not have in place detailed policies and procedures to address such matters as accommodation of disabilities, or complaints of discrimination or harassment.
3. I am aware of and have assessed these risks as part of my decision to join in the trip. I acknowledge that there may be additional factors that may not have been brought to my attention. I have concluded that the risks are acceptable and are outweighed by my desire to voluntarily participate.
4. With the above in mind, I understand and agree that as I am not an employee or member of the 'San Lucas Mission' or the 'Friends of San Lucas', they do not accept any responsibility or liability for my participation in any activity related to this trip, including but not limited to attending social activities and riding on the Mission's transportation. Accordingly, I hereby irrevocably and unconditionally release and forever discharge the 'Friends of San Lucas' and the 'San Lucas Mission', and each of its directors, officers, employees and agents including predecessors, successors and assigns from any and all actions, causes of action, suits, debts, claims, complaints, liabilities and demands of any nature, in law or equity, that I ever had, now have, or hereafter may have, or that my

heirs, executors, beneficiaries, administrators, assigns, and trustees hereafter may have, by reason of any claims relating to my participation in any activity involving the 'Friends of San Lucas' and the 'San Lucas Mission' during the period of my trip.

5. I hereby state that I am in good health and have or will pack all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If my trip destination requires immunizations, I've consulted with my physician and have received the necessary ones. If at any time during the trip, I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release 'The Friends of San Lucas' and the 'San Lucas Mission' in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of the 'Friends of San Lucas and San Lucas Mission's' alleged negligence.

6. In full consideration of the signing of this waiver, the 'Friends of San Lucas' and the 'San Lucas Mission' permit me to participate in the indicated trip.

7. I have carefully read all the terms of this covenant and sign it voluntarily, and accept all obligations contained in this covenant in exchange for the mutual promises outlined here.

THIS IS A LEGALLY BINDING DOCUMENT

Signature

Date

Printed Name

Signature of Parent or Guardian (Signature of Parent or Guardian is required if participant is under 18 years of age)

Witness

Date

Emergency contact information (Name)

(Address)

Phone

