

## Student Mission Trip Application

Open for students currently in grades 9 and above

### Application Deadlines

- Applications for *SPY Mission 2019 to Carolina Coast* will be posted ONLINE on the SPY Webpage on Nov 20 at 12:00 PM.
- Final deadline: December 15, 2018 **OR** when 12 confirmed youth participants are registered.
- Beyond 12 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 16 to June 22, 2019

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

### Projected cost without fundraising: \$1,000.00

- 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, 2019.**

### Ways to contact Bryan

Snail Mail: 3535 72<sup>nd</sup> Street East, Inver Grove Heights, MN 55076

Phone: 651-621-1562

Fax: 651-455-8984

E-mail: [bcollins@churchofstpatrik.com](mailto:bcollins@churchofstpatrik.com)



# SPY Mission Application 2019 participant

Date Turned in: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Grade 2018 to 2019: \_\_\_\_\_ School: \_\_\_\_\_

Please attach the following items:

\_\_\_\_ Deposit of \$100 (NONREFUNDABLE)

\_\_\_\_ A copy of health insurance card

\_\_\_\_ Application

\_\_\_\_ Parental consent form

\_\_\_\_ Code of Conduct

What is your motivation for attending the 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 service learning 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. 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.

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Participant Signature

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Date

**SPY MISSION 2019 PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

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

Date of Birth \_\_\_\_\_ M or F (please circle) Grade 2018/19 \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Email (for announcements prior to event) \_\_\_\_\_

**Date of Event: 6/16/19 to 6/22/19 Type of Field Trip: SPY Mission Trip  
**Destination: South Carolina, United States**  
**Individual(s)/Teacher(s) in Charge: Bryan Collins and adult chaperones**  
**Student Cost: \$1,000.00 before fundraising****

I, \_\_\_\_\_, GIVE 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 parish, participating parishes and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/Winterblast Parishes /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, and Archdiocese in defense of such a claim/lawsuit.

**Use of Image:** I grant permission to *Church of Saint Patrick* to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, picture, reproductions, made through any medium, including electronic media and the undersigned parent/guardian does hereby release Church of Saint Patrick and all churches participating with such use. This authorization and consent permits such use to associate my child’s name with the likeness for such purposes provided such use and is consistent with the acceptable use policy for electronic communications and other policies.

**Electronic Communication:** I authorize staff or other leaders of *Church of Saint Patrick* and parish leaders to communicate with my child electronically, including via social media in accordance with the Acceptable Use Policy for Electronic Communication.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. 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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

**Medical Treatment:** In the event it comes to the attention of the **Church of Saint Patrick**, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please select only one of the following two options:***

**No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** **Church of Saint Patrick** will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child:



## 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!
- It is extremely important that all members of the mission team understand and reflect in their actions sensitivity to the people we are serving. 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 service. 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.

We also understand given certain uncontrollable factors (such as weather) may make traveling 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