Magalia 2020 – Church of the Resurrection/God Squad Immersion Trip Magalia, CA Fire Recovery August 2-9, 2020

What are we doing?

This summer high school youth from Resurrection will gang up with kids from All Souls, Berkeley and Christ Church, Alameda to do fire recovery for the devastating 2018 <u>Camp Fire</u> that ravaged Paradise and Magalia, California. Following the sweaty work part, we'll take a couple of days to explore the mountains of Northern California, likely camping at Mt. Lassen National Park. The trip is open to any youth who have finished 9th-12th grades.

Logistics

We'll drive to Magalia, CA after church on Sunday, August 2. <u>Magalia Community Church</u>, adjacent to Paradise, CA, will be our base of operations. We'll be staying, appropriately, at a historic fire house across from the church. During the week we'll work on a range of long-term fire recovery projects in coordination with the disaster-recovery team of Magalia Community Church and the Episcopal Diocese of Northern California. Later this spring we'll determine the actual projects.

Fun Stuff

After our hot and sweaty work each day, we'll grab showers, eat good dinners, and do a range of activities, like swimming, late-night trips to Dairy Queen, not-dorky spiritual stuff, and celebrity clergy karaoke. At the end of the trip we'll camp for two nights in the splendor of Northern California's mountains, likely Mt. Lassen National Park. We'll return home on August 9.

How do I sign up?

Bring a \$250 non-refundable deposit check to the church, along with the signed trip-agreement no later than May 15. And, be ready to help raise additional money for the trip by doing some group fundraising. And, come to an orientation meeting on Sunday, April 26, after church – site TBD.

High School Immersion Trip to Magalia, CA August 2-9, 2020 Participant Information; Statement of Consent and Release of Liability; Medical Information; Medical Authorization; Photo/Video/Audio Release; Community Agreement

Participant's Name:	_/ Grade (2020-21):	
Church:	/ Home Phone:	
Address: City/State:		Zip:
Youth E-Mail:	Youth Cell:	
Parent/Guardian(1):Phone:_		
Email:		
Parent/Guardian(2) Phone:		
Email:		
is unable to complete this activity due to health, injury, behaviora or legal guardian, are responsible to arrange immediate transpo expense. I hereby consent to participation by my child,	ce away from the parish groupes and volunteers from Augulation in this event, including and I agree that if my child is or disruptive activity, I, as parome for my child at my own enersion trip, I hereby agree or an Pleasant Hill, the Diocese or churches where the s, agents and representatives s, including negligence, which or relating to my child's paragree from any and all clainalf of my child, arising from chiffication does not apply to claim	, in this nds and that my ust 2 – August 9, traveling in vans, unable to rent or legal expense. In n behalf of myself of California, the e group will stay s, including th may be ticipation in the alid or ims, including or relating to my aims for the extent of
(Parent or Guardian's Name — Print)		
(Parent or Guardian's Signature) (Date)		
Photo/Video/Audio Release I give the Episcopal Diocese of California and Church of the Resphotographs, video footage and/or record the voice of minor and to use those images and recordings in diocesan and one of the Resphotographs.	·	, a
(Parent or Guardian's Signature) (Date)	1	

Name:	/ Relationship	:/	
City of residence:			
Home Phone:	ome Phone: / Cell:		
Birthdate of minor:	Last tetanus shot:	T-Shirt Size:	
Allergies:			Vegetarian? Y / N
Special needs/Food Issu	ues:		
Medications:(medications must be gi	ven to trip staff for duration of t	the trip, they will be dispensed	I according to prescription)
Family physician:		/ Phone #:	
Insurance Co.:	/ Policy #:		
Phone #:			
authorize and consent to hospital care which is de any licensed medical pe specific diagnosis, treate care, which is deemed a	gal guardian(s) of	thetic, medical or surgical diag be rendered under the genera d hospital. This authorization i , but is given to provide author	nosis or treatment and I or special supervision of s given in advance of any rity and power to render
(Parent or Guardian's Si	ignature) (Date)		
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Medical Information / Authorization

(Participant's Signature) (Date)