

Celebration Foursquare Church Mission Trip

MEDICAL RELEASE/PERMISSION FORM

June 19-27, 2021 **Cost: \$275**

Notary required if applicant is under 18 and going without parent/guardian.
Please fill out and turn in by May 30, 2021.

Personal Information

First Name:		Middle Name:	Last Name:	
Parent/Guardian Name(s):				
Name on Passport (if applicable):			Passport #:	
Home Address:		City/State:		Zip:
Home Phone:		Cell Phone:		Email:
Date of Birth:	Age as of 6/24/21:		Current Grade:	School:

Emergency Contact Information (must provide 2 contacts)

Name:		Relationship:		
Street Address:				
City/State/Zip:			Home Phone:	
Cell Phone:		Work Phone:		Email:
Name:		Relationship:		
Street Address:				
City/State/Zip:			Home Phone:	
Cell Phone:		Work Phone:		Email:

MEDICAL RELEASE

Parent/Legal Guardian:				
Street Address:		City/State:		Zip:
Work Phone:		Home Phone:		Cell Phone:
Medical Insurance Company:				
Policy #:		Group #:		
Allergies:		Dietary Restrictions:		
Medical/Emotional Conditions:				
Current Medications (Completed medication and dosage information will be required for all medications):				

For Minors (Under 18)

I/We hereby give my child permission to go on the CFC Missions Trip. I/We, who by law may do so, authorize the administration of medical treatment to she/he who is subject to this form. I/We understand all reasonable safety precautions will be taken by Celebration Foursquare Church. I/We do not hold Celebration Foursquare Church or its agents liable for any accident, injury or disease by the subject of this form. I/We understand that in the event medical intervention is needed, every attempt will be made to contact the emergency contact person(s) listed immediately.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date

Notary Signature/Date (International Trips)

Personal References (must provide 2 contacts)

Name:	Relationship:	
Street Address:		
City/State/Zip:	Home Phone:	
Cell Phone:	Work Phone:	Email:
Name:	Relationship:	
Street Address:		
City/State/Zip:	Home Phone:	
Cell Phone:	Work Phone:	Email:

Additional Funds and Cancellation Policy

I will support the Celebration Foursquare Church Missions Team and mine and/or my child/children's participation in it. By signing this form, I agree to the following:

Donations Are Non-Refundable

- If you cancel your trip, all your donations will go to the team general fund, unless it was raised in a group event, which will then will be redistributed equally to those who participated.
- I understand that any money that my child submits above the cost of the trip, must, by law, remain in the missions account and cannot be used for personal use.
- If you raise more than the cost of your trip, there will be no refunds to you or your donors.
- Once a donation is received by Celebration Foursquare Church, the donor and intended team member does not have ownership of the donation.

What if A Team Member Raises More Than Their Goal?

Any excess funds raised by a team member will be used to help other team members that have fallen short in their fundraising or put into the Mission Trip General Fund. No refunds will be given to donors.

Mission Account

All team members must have their full Mission Cost submitted to the Mission Team fund by June 7th to go. CFC Missions Team has the right to use excess funds raised/donated by team members for the benefit of another team member who has not fully raised their support. However, this should only be done when the team member has put full effort into raising the needed funds. Participation in the following will be used to evaluate the effort of the participant: support letters sent out, follow up phone calls, and attendance/participation at team fundraising events.

Participant Signature (Parent/Guardian Signature for those under 18)

Date

Parent Comments (To be filled out by Parent/Guardian)

Please list any questions, concerns, expectations, additional information or encouragements you may have for your son/daughter to be a part of the Celebration Foursquare Church Missions Team.

PERSONAL / MINISTRY EXPERIENCE

1. Share your personal story of your relationship with Jesus Christ.
(attach another paper if necessary)

2. What are some of your expectations for this trip?

3. What are your skills, strengths, talents and/or spiritual gifts?

4. Why do you want to participate as a member of the Mission Team?

5. How do you hope to impact lives on this mission trip?

6. What missions work have you been involved in?

PERSONAL / MINISTRY EXPERIENCE

7. What does it mean to be a servant?

8. What church do you attend? Youth Group? How often? Are you a member?

9. As part of the Missions team, will you make an effort to attend our Mission Report Service (within 1-2 weeks after we return)?

10. If a fundraising event is scheduled, would you be willing to participate?

11. Will you do your best to attend a meeting for ministry preparation, (dates to be determined) before our trip?

12. Please list your most available times to meet.

13. Any other info you may want to share with us:
