



CMUC



Junior High Youth Ministries

**When:** Saturday, June 17, 2017 – Saturday, June 24, 2017

**Where:** UMCOR Site PA or LA

**Event:** Jr. High Mission Trip

**Instructions:** 1. Fill out and return the permission slip(s) by **Sunday November 6<sup>th</sup> with \$50 deposit.**  
2. Make check payable to CMUC or turn in cash.

**\*Sunday, November 27<sup>th</sup> is the dead line for backing out. Any drop outs after this date will be responsible for the whole cost for the student going which is 375\$ per student.\***

Questions, Concerns or Comments?

Contact Sem. Adam Cook, Director of Youth Ministries, at 331-701-5979 (cell) or adam.cook@valpo.edu

**Permission Slip and Student Contract**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Grade** \_\_\_ **M/F**  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Medications or Allergies** \_\_\_\_\_

**Emergency Contact Information**

**Name of Contact** \_\_\_\_\_ **Relation to Student** \_\_\_\_\_  
**Emergency Contact Phone Number(s)** \_\_\_\_\_

**Medical Release Authorization and Hold Harmless Agreement**

I \_\_\_\_\_ authorize the Community Methodist Church to use their best judgment in the hiring of necessary health-care professionals, and I give my permission to the health-care professional to provide medical services as he or she deems necessary. I will pay for any medical expenses so incurred. I also give my permission for the church's children and/or youth leaders to restrict my child from participation from any be harmful to my child.

I also verify that my child is physically fit and possess the necessary skills to safely participate in these activities. I therefore give my permission to the church to allow my child to participate in the activities allowed by the church/camp. I also hereby give my permission for my child to be transported by pre-authorized individuals determined by the church. I hold harmless Community Methodist Church (CUMC) and all CMUC Staff or volunteers from any and all claims, actions and judgments related to this event. I claim full responsibility for all damages to person and property my child may intentionally or unintentionally inflict while on this retreat.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Insurance Carrier                      Policy Number                      Date                      Parent's Signature

**Student Conduct Contract**

I, \_\_\_\_\_, understand that there is to be no alcohol consumption, smoking, sexual activity or damaging behavior of any kind while on this retreat. I understand and agree to follow the instructions of all adult leaders on this trip and also agree to obey all rules, written or verbal. I understand that if I break these rules it may result in my expulsion from this trip at my parent's expense.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Signature                      Date                      Parent Signature                      Date