



St. Patrick Life Teen Appalachia Trip Louisa, Kentucky 2016 Application



Dear St. Patrick Teen,

Here is the application for our summer 2016 Life Teen Mission Trip! Experiences like these are life-changing, and the lessons learned will stay with you forever. I still have vivid memories from my own high school mission experiences, and they truly deepened my faith. Seeing how our fellow Americans live with so *much less*, and yet are still filled with gratitude and joy is incredible. Furthermore, being able to give back and turn a dilapidated house into a livable home is awesome. This mission trip will be infinitely rewarding and also tons of fun!

Basic Trip Information:

Location: Fr. Beiting Appalachian Mission Center in Louisa, Kentucky

Date: Sunday, July 17th – Saturday, July 23rd, 2016

Lodging: We will be staying in the Fr. Beiting Housing Facilities (showers and beds available)

Participants: Adult chaperones and teen participants. All participants must be at least rising freshmen (class of 2020) through graduating seniors (class of 2016).

Cost: \$350 per participant. This covers Fr. Beiting program fees, transportation, food, supplies, and other necessary items. In case of need, assistance/scholarship opportunities can be discussed. At the time of application, a deposit of only \$75 is required.

The spaces will fill quickly (last year's trip had a waiting list)! Applications will be considered based upon:

- a. How quickly the application is returned to our Ministry Office
- b. Applicant's involvement in Life Teen/Confirmation/Edge Youth Ministry
- c. Applicant's essay answers

Applications are due by Friday, February 26th.

To apply for our 2016 summer mission trip, please return your completed application and a deposit check for \$75 (made payable to St. Patrick Church) to our office. You can either drop off your application/payment, or mail it to:

St. Patrick Church
Attn: Meg McDonough
991 S. Waukegan Rd
Lake Forest, IL 60045

If you have any questions or concerns, do not hesitate to call us! Again, spaces will fill quickly, so please return this as soon as possible!

God bless you,

Michael Bannon
Mbannon@Stpatrick-Lakeforest.org

2016 Life Teen Mission Trip Application

Due by Friday, February 26th, 2016.

Youth Name: _____

Address: _____

Youth Cell Phone: _____

Youth E-Mail Address: _____

Age (during time of mission trip) & Birthday: _____

T-Shirt Size: _____

School/Grade: _____

Parent Phone: _____

Parent E-Mail Address: _____

Please, share your involvement at St. Patrick Church/Youth Ministry (Mass attendance, Confirmation, service projects, youth group, altar serving/lectoring, parish events, IMPACT, etc):

Please, share why you want to attend this work trip:

Do you agree to participate in pre-trip meetings and fundraising to the best of your availability?

Yes:___ No:___

For Office Use Only:

Date Received: _____

Check Number: _____

Check Amount: _____

INDIVIDUAL MEDICAL RELEASE PERMISSION FORM

I hereby grant permission for the administration of first aid to my son/daughter, _____, by the people of St. Patrick Church in charge of the Appalachia service trip to Louisa, Kentucky on the dates of July 17-23, 2016, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will promptly be notified in the event of any serious illness or accident and prior to any major surgery, except when the delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary to my child. I further agree to pay any and all costs associated with treatment not covered by our insurance.

Signature of Parent/Guardian: _____

Name(s) of Parent(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parents' E-Mail: _____

Emergency Contact (other than parent/guardian): _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Medical Insurance Information

Name of Insurance Company: _____

Policy #: _____ Group #: _____

Authorized Physician: _____

Telephone Number of Authorized Physician: _____

HEALTH HISTORY

Name: _____

Pre-existing or present medical condition(s): _____

Please, list the name and dosage of any medications that are currently being taken, or will be taken through the duration of the Appalachia Mission Trip:

1. _____

2. _____

3. _____

Please, list any allergies: _____

Please, list any food allergies: _____

Please, list any allergies to medication: _____

Please, check all that currently apply (if checked, please provide details in writing):

Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma _____

Insect stings _____ Epilepsy/Nervous Disorders _____ Frequent Nausea _____

Hearing Impaired _____ Visually Impaired _____ Learning Disabilities _____

Please, list any physical disabilities or limitations: _____

Please, list any major illnesses your child has experienced in the past 12 months: _____

Estimated Date of Last Tetanus Shot: _____

Does your child have any dietary, swimming, or physical activity restrictions? _____

YOUTH PERMISSION AND PARENTAL GUARDIAN AUTHORIZATION

I hereby give permission for my child, _____, to participate and volunteer in the Appalachia work trip to Louisa, KY, sponsored by the Youth Ministry of St. Patrick Church, during the dates of July 17 – July 23, 2016.

I hereby release and indemnify St. Patrick Church in Lake Forest, its staff and volunteers, Catholic Charities of Chicago, and the Catholic Bishops of Chicago, a corporation sole from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this program.

Parent/Guardian Signature(s): _____

Date: _____

Print Name: _____



I hereby give **SAINT PATRICK CATHOLIC CHURCH** or any of its affiliate's permission to:

___ Take, copyright and /or publish photographs, videos, audio recordings, or interviews of my child.

___ Interview my child about his or her experience and publish the interview in whole or in part without the right to review.

___ Send text messages to my child for church related events.

I understand these photographs, videos, audio recordings, or interviews may be used for publication and/or for other public affairs purposes, including publications, advertisements, displays and placement on the **SAINT PATRICK CATHOLIC CHURCH'S** website, as determined by **SAINT PATRICK CATHOLIC CHURCH**.

I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, videos, audio recordings, or interviews, and agree that these photographs, videos, audio recordings, or interviews shall at all times be the property of **SAINT PATRICK CATHOLIC CHURCH**.

I hereby release **SAINT PATRICK CATHOLIC CHURCH** or any of its affiliates, employees or agents from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these photographs, videos, audio recordings, or interviews.

Date _____

Name of Minor: _____
(Please print)

Parent/Legal Guardian: _____
(Please Print)

Parent/Legal Guardian: _____
(Signature)