

# \*\*\*\*Build Your Faith\*\*\*\*

*Dear Incarnation Parish Youth Volunteer,*

You have expressed interest in attending the 2019 St. Olaf Mission Trip to Prince Edward County, Virginia – THANKS! **Mission Trip is open to rising 8th grade youth and up and will take place Wednesday, July 10 (morning) through Wednesday, July 17 (evening).** Our 'home port' will be St. Theresa Catholic Church Parish Hall in Farmville, VA.

During the Mission Trip, you will assist in repairing homes for families in need of assistance in Prince Edward County. Work is performed each day in all weather conditions with the exception of Sunday. After attending Mass, we will have a cook-out.

The cost for full 7-day trip **\$130**. Participants may attend part of the trip. Partial attendance cost is pro-rated at **\$20** per day based on the number of days the participant will be attending.

**A separate registration form is needed for each participant. A copy of Medical Insurance card (front & back) is needed for each participant.**

**Participants who are under 21 years old are not permitted to drive themselves to or from our home port of St. Theresa in Farmville.**

If you have any questions regarding the trip, please contact Ann Mattio at [stolafteensforchrist@gmail.com](mailto:stolafteensforchrist@gmail.com).

Yours in Christ,

Ann Mattio

St. Olaf Youth Minister

**MISSION TRIP TO PRINCE EDWARD COUNTY, VA**

**ST. OLAF, PATRON OF NORWAY**

**CATHOLIC DIOCESE OF RICHMOND**

**YOUTH Registration Form (Rising 8th grade - 17 yrs old)**

**A copy of Medical Insurance card (front & back) is needed for each participant.**

**PRINT CLEARLY USING BLACK OR BLUE PEN**

**YOUTH INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First/Nick Name for Badge: \_\_\_\_\_

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

City/State/Zp: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Group Leader: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Cell Phone: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Email: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

## Medical Information and Release Form

*All information is kept private and confidential*

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

Does the participant have any dietary restrictions? <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b>	List any dietary restrictions (i.e. vegetarian, allergies):
Is the participant allergic to anything? <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b>	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months? <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> <span style="margin-left: 40px;">E</span> <span style="margin-left: 40px;">S</span>	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> <span style="margin-left: 40px;">E</span> <span style="margin-left: 40px;">S</span>	List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.  List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

### RELEASE OF LIABILITY AND MEDICAL RELEASE

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **St. Olaf**, the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.*

*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. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold **St. Olaf** and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to the parish or Diocesan event to have their pictures posted in **St. Olaf** the Diocese of Richmond publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

**Y**     **N**    Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while on Mission Trip:

### SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

### SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during Mission Trip.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted during the event.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ Youth are NOT permitted to leave the premises without adult permission and supervision.

### SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocket knives, weapons, lighters, or other hazardous materials at home.
- ✓ Under no circumstances can a youth be in the room or cabin of a member of the opposite sex.
- ✓ Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers after "Lights Out".
- ✓ No outside or unregistered visitors at the event will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.

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***I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from Mission Trip and participants will forfeit their registration fee.***

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

Printed Name: \_\_\_\_\_ Parish: \_\_\_\_\_

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

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

## TRIP ATTENDANCE

NAME: \_\_\_\_\_

For transportation purposes on **arrival day, work site days and departure day** it is important that we know IN ADVANCE the days you will be in attendance.

Transportation is provided on arrival (July 10) and departure (July 17) days. Check-in is typically between 9-9:30am at St. Olaf on Wed, July 10, with departure time of 10am. Return time to St. Olaf is typically 6-7pm on Wed, July 17. We spend the afternoon picnicking and swimming at Twin Lakes Park, just outside of Farmville Va.

**On the grid below, if you are attending the entire week, please write 'ALL' under July 10.**

If attending partial week which includes either departure or return days, place an 'X' on those days if you wish to be transported. **If you are arriving and/or departing on your own, please write 'own' and the time of your arrival on the day you will arrive.** Indicate the rest of your stay by placing an 'X' in each day you will attend. For your departure day, indicate 'early' or 'late.'

**This helps us to plan how many seats we need to transport to work sites and where our adults need to be so youth attending partial week are not arriving to an empty building or left alone while waiting to be picked up.**

Arrival day Wed. 7/10	Thurs 7/11	Fri 7/12	Sat 7/13	Sun 7/14	Mon 7/15	Tues 7/16	Departure day Wed 7/17

## Mission Trip packing list

Spending money for Wawa stop on the way and concessions at Twin Lakes Park  
Sleeping bag or Air mattress - (a yoga mat under sleeping bag provides added comfort)  
Pillow, sheet/blanket  
string bag or backpack (for shower stuff and clean clothes after workday)  
2 towels/wash cloths  
shower shoes  
toiletries  
hat  
sunglasses  
water bottle  
sunscreen  
phone charger  
pajamas (nothing see-through)  
shoes/sandals  
church clothes/shoes for Sunday  
bathing suit - modest (one piece, tankini or covered with t-shirt)  
Beach towel  
flip/flops for beach day  
rain jacket  
light jacket/sweater

### 5 days of work clothes (old clothes that you don't mind throwing away)

5x underwear  
5x socks  
5x t-shirts/tank tops (no spaghetti straps)  
5x shorts/work pants (shorts no shorter than mid-thigh; no yoga pants)  
old shoes (closed-toe)

### 7 days of non-work clothes (one or two extra is always a good idea)

7x underwear  
7x socks  
7x shirts (no spaghetti straps, bare shoulders or crop tops)  
7x shorts (no short shorts; no yoga pants)

### **Please note:**

Bring old clothes for working that you are prepared to throw away at end of each day depending on type of work you may be doing.

Clothing must be MODEST at ALL TIMES - **this means on the worksite AND during free time.** No short shorts, no yoga pants and no tops with deep v-neck or scoop neck, no bare shoulders and no crop tops.

Shop thrift stores for 'disposable' clothing and for longer length shorts i.e. boys basketball shorts.

**We understand these clothing requirements are in direct contrast to the current fashion trends but please remember, this is not a fashion show.**