

**LA CRESCENTA PRESBYTERIAN CHURCH**

**REGISTRATION FORM FOR ROSARITO, MEXICO MISSION TRIP**

**February 24-26, 2017**

2902 Montrose Avenue, La Crescenta, CA 91214  
(818) 249-6137 www.lcpc.net

**The fee for this trip is \$80. To reserve your place on the team, you must complete this form and return it to La Crescenta Presbyterian Church with your check made payable to "LCPC," noted "Rosarito Mission Trip 2017." Registration deadline: Tues, Feb 21, 2017**

**SECTION I: CONTACT AND MEDICAL INFORMATION** (for all participants)

*Print your name legibly as it appears on your passport:*

\_\_\_\_\_ Sex: M F  
Last Name Middle Name First Name  
\_\_\_\_\_ email: \_\_\_\_\_  
Home Address  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ \_\_\_Adult \_\_\_ Student \_\_\_Grade (if student)  
Date of Birth Home Phone Cell Phone

**FOR PARTICIPANTS UNDER AGE 19:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name – Father/ Guardian Work Phone email  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name – Mother/ Guardian Work Phone email

**FOR EVERYONE:**

**PASSPORT NUMBER, EXPIRATION DATE:** # \_\_\_\_\_ Expires: \_\_\_\_\_  
Immunization: Are all immunizations and shots up to date? \_\_\_Yes \_\_\_ No  
List any allergies you have: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
List any medications you take: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
List any medication allergies you have: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Eating Habits: Are you a... \_\_\_Red meat Vegetarian? \_\_\_All meat vegetarian?  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Physician (if any): \_\_\_\_\_/\_\_\_\_\_  
Name Phone #

**SECTION II: MEDICAL RELEASE (left side if parent of youth; right side if age 18 or older):**

**For the Parent, or Legal Guardian of Youth under 18:**

"I, the Parent, Agency Representative or Legal Guardian, hereby give consent to La Crescenta Presbyterian Church (Staff, Leaders, Advisors, Representatives) to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) at a hospital, clinic or medical office to my child.

"This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Adults Age 18 or Older (Including LCPC Staff, Leaders, Advisors, Rep.):**

"I, the undersigned, give my permission to any licensed physician (M.D.) or dentist (D.D.S.) at a hospital, clinic or medical office to provide for me all emergency dental or medical care that has been selected by one of the event/trip Staff, Leaders, Advisors, and/or Representatives."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION III: FOR PARENTS/ GUARDIANS OF STUDENTS UNDER AGE 19:**

"My child/ guardian, \_\_\_\_\_, [WRITE NAME] has my permission to participate in the Rosarito Mexico Mission Trip planned by La Crescenta Presbyterian Church for February 24-26, 2017. I understand that this may involve working on a construction site with tools such as picks, shovels, power tools and concrete mixers; beach trips; and field trips in buses, vans or cars. I understand that the pick up/drop off of my child by another parent or representative after the event will not be permitted without prearranged permission from the child's parent/guardian with the LCPC trip leaders. I have read the Covenant below and I agree to pay any expenses incurred during travel if my son or daughter violates the Covenant and is therefore sent home early. I also understand that the fee of \$80 is due on February 21, 2017, that the fee is non-refundable after that date."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION IV: COVENANT FOR ALL PARTICIPANTS (students and adults):**

**All participants of Rosarito Mexico Mission Trip 2017 are expected to enter into the following covenant:**

"I pledge to follow and uphold the following rules. I will...

...show respect for others and try to spread good cheer to all.

...respect the authority of the staff, leaders, and advisors.

...respect others' privacy, stay clear of areas designated off limits to the opposite sex, and work to keep our living space clean.

...be on time for and participate fully in all designated group activities, including meals, talks, small group meetings, travel, work, recreation and worship.

...inform the staff, leaders, and/or advisors before I make short trips with friends, and abide by the established curfew.

...exhibit modesty in my relations with the opposite sex.

I will NOT: travel or swim alone or otherwise endanger myself, drink alcoholic beverages, take drugs (prescription drugs excepted), or use tobacco products.

**"I understand that the registration fee of \$190 is non-refundable after 2-21-17."**

\_\_\_\_\_  
Team member's signature (youth or adult)

\_\_\_\_\_  
Date

**SECTION V: FOR STUDENTS UNDER AGE 19 (skip if you are age 19 or older):**

"I understand that if I fail to uphold this Covenant I may be sent home early at the expense of my family, and that I may be prohibited from participating in future trips with LCPC."

\_\_\_\_\_  
Team member's signature (youth)

\_\_\_\_\_  
Date

**SECTION VI: EMERGENCY CONTACTS**

A. Contact in case of emergency:

Name (someone other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_/\_\_\_\_\_

B. FOR PARENTS ONLY: Is there anyone NOT authorized to pick up your child? \_\_\_\_\_

**SECTION VII: DONATIONS TOWARDS THE "SUPPLIES BUDGET"** Our team will be spending several thousand dollars for construction supplies and other items we will need to complete our projects. You are invited to make a special donation to help with these expenses. *Participants are not obligated to give; we appreciate any donation you can offer.*

"I have included with my registration a separate check (to "LCPC," noted "Donation - Rosarito Orphanage supplies") in the amount of:

\_\_ \$25 \_\_ \$50 \_\_ \$100 \_\_ \$150 \_\_ \$200 \_\_ \$300 \_\_ \$500 \$ \_\_\_\_\_ Other

