

## 2018 Summer Mission: Columbia, SC June 12 – 17, 2018

### What to Expect

#### What happens at an Alive in You Catholic Conference and Service Camp?

Every day at Alive in You will be a new adventure. Your days will be packed with awesome praise and worship music, prayer, motivational speakers, service, and education about our Catholic faith. Your group will also have time to come together daily and grow closer while experiencing Christ at Alive in You.

Alive in You will be held at different Universities, retreat centers, and schools across the United States.

**Tuesday:** Your group will arrive on a Tuesday afternoon and will immediately dive into the Alive in You experience. Your first day at Alive in You will be an inspirational, motivational and informative introduction to an amazing week. On Day One, you will meet the other participating Catholic youth groups and find out where you will be working during the 3 days of service at Alive in You.

**Wednesday-Friday:** Days of Service! Young people will work in assigned teams to perform service activities in your host city. We will have service opportunities of various magnitudes, from simple jobs requiring one group to extreme home and church makeovers for many different groups.

**Friday Night:** Your weekend Catholic Conference begins!

**Saturday:** Prepare yourself to experience the richness of our Catholic Faith during the Alive in You Conference. Your experience will be a perfect blend of spiritual activities, witness talks, praise and worship and team building. These activities will lead up to Saturday night, the awesome spiritual pinnacle of Alive in You.

**Sunday:** Your Alive in You Conference will conclude with the Alive in You highlight reel, and an amazing closing Mass.





**Yes, sign me up for this year's summer mission trip June 12-17, 2018**

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

Parent's Names: \_\_\_\_\_

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

Phone: (parents):

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Teen's Cell: \_\_\_\_\_ Teen's email: \_\_\_\_\_

- I give my permission to communicate via text and email with my teen and myself regarding the mission trip. \_\_\_\_\_ (parent initials)

Grade of school 2016-2017: \_\_\_\_\_ age: \_\_\_\_\_

College Students MUST BE F.B. I. fingerprinted through Diocese of Orlando and the deposit for college students is \$300 PLUS word 2 fundraisers.

I will pay for my portion of this trip: \$700.00 \_\_\_\_\_ OR

Each youth must pay a \$200.00 non-refundable deposit to participate in this mission and then they must participate with a parent in the following fundraising. Each family must **chair one** of the fundraisers, please initial the one you would like to chair. Each family MUST participate in ALL OF THE FUNDRAISERS unless paying the full amount.

December 16th: Breakfast with Santa: \_\_\_\_\_

Chick Fil A Spirit Night (TBA)

February 2-4, 2018 Bucket Drop Publix \_\_\_\_\_

May 12-13, 2018 Mother's Day Flower Sale \_\_\_\_\_

Sponsorship letters \_\_\_\_\_

( Your teen sends letters to friends and family asking for donations to help him/her offset the cost of the trip)



# Alive in You

## Participant Medical Information

Group/Church Name Holy Cross Catholic Church Group Leader Tina Shannon

Participant's Name \_\_\_\_\_ M/F \_\_\_\_\_ Grade (Next Fall) \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Parents/Guardians: First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Parents/Guardians Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Parents/Guardians Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Parents/Guardians Other # (\_\_\_\_\_) \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above number, contact:

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

Relationship: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

## MEDICAL HISTORY (PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES)

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT:

- ❖ In the event of an emergency, I hereby give permission to Alive In You, Inc., its officers, directors, agents, volunteers and representatives associated with this event to transport my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.
- ❖ I relieve Alive In You, Inc., of all responsibility and consequences that may arise as a result of this treatment. I will not hold Alive In You, Inc., liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(if participant is under 21 years of age)

**Alive in You, Inc.**  
**LIABILITY RELEASE FORM**

In consideration for being accepted by Alive In You, Inc., We (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Alive In You, Inc., and all the directors, officers, employees, and agents, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described conference and service camp, including travel between the child's home and the camp, travel to and from work sites, free day activities, excursions from the camp, and any time spent at the camp.

Furthermore, we (I) and on behalf of our (my) child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging, recreational sports, and assigned work projects for this participant.

The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including reasonable attorney fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said conference and service camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

I (we) am (are) aware of no physical, mental or emotional problems which would limit work performance during the conference and service camp. I (we) am (are) fully aware of the nature of the work to be undertaken during the Alive in You Catholic Conference and Service Camp.

Alive in You, Inc. will conduct a background check on all Alive in You employees and ensure that each of them has been cleared by their diocese to work with young people. Alive in You, Inc. will take all reasonable procedures to safeguard the participants of Alive in You throughout the week of the said conference and service camp. Neither Alive in You, social agencies, or school/retreat center will be liable for lost or damaged property of participants prior to, during or following the week due to theft, fire, accident or any other cause beyond its control.

Media Release: I (we) grant Alive in You, Inc. permission to utilize all photographic images and video or audio recordings taken during the conference and service camp for use on the Alive in You webpage, Facebook page and all promotional material.

\_\_\_\_\_  
Print Name of Participant  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Custodial Parents Name  
Date  
(If participant is under 21)

\_\_\_\_\_  
Custodial Parents Signature  
(If participant is under 21)







# Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name & E-mail Address:		Date of Birth:	
Address:	City	State:	Zip:
Home Phone:	Parent/Guardian's Name & E-mail Address:		
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	

Consent & Liability Waiver	
<b>Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and in high school</u>.</b>	
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:	
Event & Location: <b>Mission Trip Columbia SC</b>	Date & Time: <b>June 12 - 17, 2018</b>
<input type="checkbox"/> Transportation Not Provided	Method of Transportation:
<input checked="" type="checkbox"/> Transportation Provided	<b>bus</b>
I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) _____, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.	

Parent/Guardian Signature <i>(must sign for any participant under 18 &amp;/or 18 or older &amp; in high school)</i>	Date
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**Participant:** In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

Participant's Signature	Date
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Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time.			
<input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**





# Parental/Guardian Medical Information & Consent Form

Applicant Information				
Participant's Name:			Date of Birth:	
Address:		City:	State:	Zip:
Father's Name:		Phone:		
Mother's Name:		Phone:		
Emergency Contact:		Languages Spoken by Emergency Contact:		
Medical Matters				
<p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information &amp; Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p><b>Emergency Medical Treatment:</b> In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>				
Family Doctor:		Phone:		
<p><b>Medications:</b> I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>				
Medication:	Dosage:	Administer:		
Medication:	Dosage:	Administer:		
Medication:	Dosage:	Administer:		
<p><b>Medical Conditions Information:</b> (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> <li>• Is allergic to the following medications _____</li> <li>• Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic</li> <li>• Has had allergic reactions to the following (foods, dyes, latex, etc.) _____</li> <li>• Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No    Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Has a medically prescribed diet <i>(please explain)</i> _____</li> <li>• Has the following physical limitations _____</li> <li>• Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date of last tetanus/diphtheria immunization _____</li> <li>• You should also be aware of these special medical conditions of my child: _____</li> </ul>				
Insurance Information				
<input type="checkbox"/> No, I do not carry medical insurance at this time.		Insurance Carrier:		
<input type="checkbox"/> I do carry medical insurance at this time.		Insurance Policy Number:		
Name of Insured:				

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Parent/Guardian Signature
Date

*(must sign for any participant under 18 or 18 or older & in high school)*