

Sr. High and Adult Mission Trip

On **July 9th – 16th**, we will have our joint youth and adult mission trip to Wimauma, Florida (near Tampa) in cooperation with Presbyterian Disaster Assistance and Beth-El Farmworker Ministry. We are excited to be partnering with PDA and Beth-El and encourage you to prayerfully consider joining us **July 9th-16th**. The cost is **\$275 per person (family rates are \$175 per person)**. We will fly from Harrisburg to St. Petersburg.

We will have to reserve our flight sooner than later. So, if you are interested please turn in the form below and payment by **January 14th**.

Please Contact Rev. Mark Allio with any questions and concerns:
814-221-0468 or mallio@mechpresby.org

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I hereby give myself and/or child(ren) _____
permission to participate in the mission trip on July 9th-16th, 2018.

I release Mechanicsburg Presbyterian Church, its staff and sponsors, from responsibility and liability for an injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

By signing this form, I also give permission to waive the right to any type of compensation, for my child to be photographed or videotaped at this event. Pictures/Videos may be used for promotional or educational purposes.

Emergency Contact Name: _____

Phone _____ Email _____

Cell# _____ Work# _____

Medical Emergency Information

Allergies? _____

Allergy Meds _____

Existing Condition? _____

Meds _____

Physical Limitations? _____

Family Physician Name & # _____

Insurance Comp _____ Policy# _____

Adult Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____