

High School Costa Rica Mission Trip

Information Packet



Trip Dates- August 4-10, 2018

Cost- \$1300 (Includes base cost for 6:8 ministries, plane tickets, and cost for free day).

*Team members should also bring some spending money for snacks and potential souvenirs.

Ages- Students who have finished 9-12

What will we be doing?- Some of the week will be spent in the city of Alajuelita doing prayer walks, visiting families, working with children in the parks, serving at a local school, helping at a feeding center, or serving at a local orphanage. Each day will end with worship and chapel time.

Other parts of the week we will be helping at The Ranch where we will work on the farm, help build and prep buildings to bring in foster children, and serve at an after school program in the town. Each day will end with worship and chapel time.

How to Register- Fill out Registration Forms, trip application, and pay \$600 Deposit by June 3rd. Full payment due by July 1st.

Requirements for trip-

- Must have valid passport and tetanus shot must be up to date.
- Must fill out trip application and attend all 3 training sessions (dates to be announced).

Application for Costa Rica

Name: _____

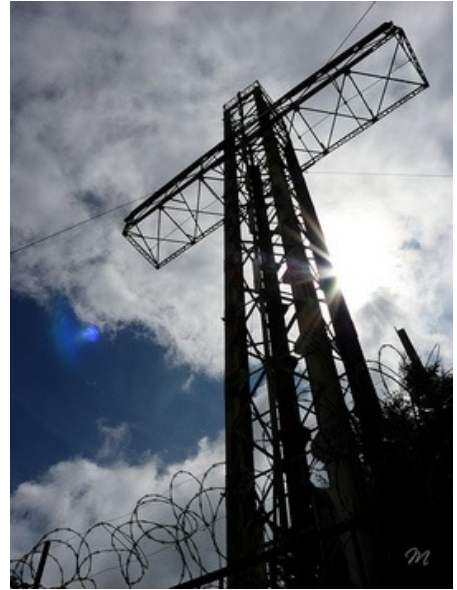
Address: _____

City: _____ State _____ Zip _____

Phone #: _____

Email: _____

Grade: _____ Tshirt Size (Adult) _____



Adult Character Reference

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Personal Information

1. Have you ever been on a mission trip before (local or overseas)? If so, what was your favorite part of it? What are you most looking forward to about the Costa Rica Trip?

2. Why do you want to be a part of the Costa Rica team?

3. What do you think will be most difficult about spending a week working, praying, and serving with 6:8 Ministries in Costa Rica?

4. Give a brief statement of your relationship with God. This should include when and how you accepted Christ and what that relationship means to you now.

5. What is your biggest struggle right now in your relationship with God?

6. What are you hoping that God accomplishes in and through you on this trip?

Terms of Agreement

- I promise to attend all pre-trip meetings (scheduled after team is built) to be prepared and united with our team for the week
- I will do my best to have a servant's heart at all times and will be ready to work at the service projects to the best of my abilities.
- I understand that this is a week to serve and minister to the people of Costa Rica.
- I will obey the leadership of my team and the staff of 6:8 Ministries
- I will not use drugs, alcohol, tobacco, foul language, or participate in sexual immorality through the duration of this trip.
- I will display behavior in my words and actions that are a positive reflection of Christ, myself, and my church.
- Electronic devices (ipods, tablets, cell phones) will not be used throughout the day except to take pictures and the appropriate times.
- I understand that if I break the terms of agreement, my leaders and youth pastor have the authority and may choose to send me home at my own expense so as to not destroy the testimony of the group or mission with which we will be working.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**VALLEY BROOK COMMUNITY CHURCH
RELEASE OF LIABILITY**

Student's Name _____

Address _____ City _____ ST _____ Zip _____

Telephone Numbers of Parent/Guardian: Day _____ Evening _____

During Event _____

EVENT THIS APPLIES TO: _____

DATE: _____

PLACE: _____

Mode of Transportation: Private Car School Bus

The undersigned represents to VALLEY BROOK COMMUNITY CHURCH, Inc. that he/she is the natural parent or legal guardian of the above-named minor; and the undersigned does hereby consent to such minor taking part in the noted activity, with full understanding insofar as such activity will involve mingling with individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such and expense, and does hereby wholly release VALLEY BROOK COMMUNITY CHURCH from any responsibility or liability; and waives any claims or causes of action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child, and agrees to hold harmless and/or indemnify VALLEY BROOK COMMUNITY CHURCH in event any such claim should arise, except in situation of gross negligence on the part of VALLEY BROOK COMMUNITY CHURCH or its agents.

AUTHORIZATION

I give permission for my son/daughter to attend the above-named VALLEY BROOK COMMUNITY CHURCH function. I have read the above "Release of Liability" and agree to its provisions.

Signature _____

Date _____

Print Name _____

Relationship to minor _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM



PO Box 68, North Granby, CT 06060 (860) 844-0001

(Form to be filled out by parent or guardian)

Name _____ Birthdate ___/___/___ Age ___ Sex ___

Address _____ City _____ State ___ Zip _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

HEALTH HISTORY

Check what child HAS HAD: ___ear infections ___operation/serious health problems

___heart trouble ___chicken pox ___measles

Check what child NOW HAS: ___infections ___asthma ___other illness

___diet restriction ___potential health problem

Is participant ALLERGIC to: ___bees ___penicillin ___other drugs

___nuts

List medications participant is currently taking, including vitamins.

Prescription drugs must have a pharmacy label, including Doctor's name:

This history is correct as far as I know. The participant has permission to engage in all trip activities except as noted by me. I authorize the group leader to administer above medications to my child.

(Signature/Relationship)

Date

In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the group leader or his designate, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

(Signature/Relationship)

Date

ALL INSURANCE CLAIMS WILL BE SUBMITTED TO THE PARENT/GUARDIAN'S INSURANCE COMPANY.

Insurance

Carrier: _____ Address: _____

Policy#: _____

ALL PARTICIPANTS MUST HAVE COMPLETED AND SIGNED THE HEALTH FORM, WHICH WILL REMAIN WITH THEIR GROUP LEADER.

6:8 Ministries Waiver of Liability:

In Consideration of Determine the Difference Inc., DBA 6:8 Ministries, not for profit corporation, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue in the future against 6:8 Ministries, its respective chapters, directors, officers, employees, and members (collectively the "6:8 Ministries Staff and Representatives"), and I hereby release and discharge 6:8 Ministries and the 6:8 Ministries Representatives from, and agree to indemnify and hold 6:8 Ministries and the 6:8 Ministries Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at or participation in 6:8 Ministries events. I acknowledge that certain legal rights against 6:8 Ministries or the 6:8 Ministries Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against 6:8 Ministries and the 6:8 Ministries Representatives. I acknowledge that no promises, representations, or affirmations of fact were made to me by 6:8 Ministries or the 6:8 Ministries Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waver and release of liability and accept the terms of this waiver and release of liability as a condition to my attendance at the event.

Minor (Under 18) Authorization

I give permission for my son/daughter to attend the above YWAM function and to be transported to any location they have signed up to go. I have read the above Waiver of Liability and agree to its provisions. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by Physician.

Parent Signature: _____ Date: _____

Relationship to minor: _____

Adult (Over 18) Authorization:

I have read the above Waiver of Liability and agree to its provisions.

Signature: _____ Date: _____

6:8 MINISTRIES - HEALTH INFORMATION FORM

Name: _____ Age: _____

Parent's name(if minor) _____

Health insurance company and policy number: _____

Emergency contacts:

Name: _____

Phone number: _____

Relationship: _____

Name: _____

Phone number: _____

Relationship: _____

Primary physician: _____

Phone number: _____

Known allergies (medication, pollens, food, other:) _____

Please list any current health problems (including any conditions for which you are taking medication): _____

Please list any prescription medication you will be taking during the trip and what it is prescribed for: _____

To Whom It May Concern:

I/We, _____

(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: _____

Date of Birth: _____

Place of Birth: _____

U.S. Passport Number: _____

Date and Place of Issuance of U.S. Passport: _____

_____, (Child's Full Name) has my/our consent to travel with:

Full name of accompanying person: _____

U.S. or foreign passport number: _____

Date and Place of issuance of this passport: _____

to travel to _____ during the period of _____.

During that period, _____ (Child's Name) will be residing with

_____ at the following address:

Number/street address and apartment number: _____

City, State/Province, Country: _____

Telephone and fax numbers (work, cell phone and residence) _____

Parent(s) or Legal Guardian(s):

Full Name: _____

Signature: _____

Date: _____

Full Name: _____

Signature: _____

Date: _____

Witnesses:

Signed before me, _____,

this _____ (Date)

at _____ . (Name of Location)

Signed before me, _____,

this _____ (Date)

at _____ . (Name of Location)