

Mexico Mission Trip

March 30th – April 6th



Important Dates to Remember!

Release Form & Deposit Due: Dec 17th
Training #1: Jan 14, 9-11am (portables)
Training #2: Feb 11, 9-11am (portables)
Fundraiser Auction Dinner: TBD
Training #3 & Prayer Service: March 24th 9-noon
The Trip: March 30th April 6th



Cost:

\$100	Deposit w/ Release Form Dec 17 th
\$100	Due Jan @ Training #1
\$100	Due Feb @ Training #2
\$200	Due March @ Training #3

= \$500 per student

James 1:27

“Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.”



An Amazing Experience!

Sign up soon, we have limited spots!

(360) 406-1045, keith@sequimcommunitychurch.org

Matthew 5:16

“In the same way, let your light shine before others, that they may see your good deeds and praise your Father in heaven.”

Mexico Mission 2024 Registration and Release

First Name: _____ *(Name as Found On Passport)*
Middle Name: _____ **Birthday:** _____ **T-shirt:** _____
Last Name: _____ **Gender:** _____ **Grade:** _____
Phone: _____ **Address:** _____
In case of Emergency Notify: _____
Not required but helpful; **Medical Ins:** _____ **Policy #** _____

Does attendee have any drug allergies? Yes / No , specify: _____
Does attendee have any other allergies? Yes / No , specify: _____
Date of last Tetanus booster: _____ *(Please get one if it has been a long time)*
Behavioral Concerns: _____
Activity Restrictions: _____
My Youth may be given the following medications as needed: Yes / No
Tylenol, Asprin, Advil, Benadryl, Midol, Cough Suppressant

Any prescription & over the counter medicine must be acknowledged below and if youth needs assistance please specify. The attendee is to be mature and responsible enough to self-medicate and to not share medications with others. If you feel they are unable to, please discuss with SCC staff for special instructions while on this trip.

Medication	Breakfast	Lunch	Dinner	As Needed	Other

I give permission for person mentioned above to participate fully in the SCC Mexico Mission Trip, including travel to, from, and during the time at Door of Faith Orphanage in Baja Mexico. I understand that in case of emergency, every effort to contact me will be made and I hereby give my permission for the adult youth leadership staff of SCC to take the above named participant to a doctor or hospital and I hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I as the parent/legal guardian, assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation responsibilities and costs. I will not hold SCC, its staff or volunteers liable for my child before, during or after this event.

Parent/Guardian Signature

Date