



THE EPISCOPAL CHURCH OF THE HOLY SPIRIT
36 GOULD STREET, VERONA, NJ 07044
(973) 239-2850 www.holyspiritverona.org

**Youth & Young Adult Mission Trip
to Grace House on the Mountain, St. Paul, VA
June 29 – July 6, 2024**

Cost: \$500 (\$200 deposit due May 1; final payment due June 12)

YOUTH/YOUNG ADULT PARTICIPANT INFO:

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFO:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INSURANCE INFO:

**Important: Please attach a copy of your child's medical insurance card.*

Insurance Carrier or Plan Name: _____

Insurance ID or Policy #: _____

Name of the Insured / Policy Holder: _____

Name of the Family Physician: _____

Town of the Family Physician: _____

Phone of the Family Physician: _____

***Please note: Parents/guardian will be responsible and billed for all cost of medical treatment.**

MEDICAL & HEALTH INFO:

Swimming ability: Beginner ____ Intermediate ____ Expert ____

Vaccinations: (please list all known vaccinations with dates given; must have the date of the most recent Tetanus shot)

Allergies: (please list all known allergies including medication, food, insect sting, asthma, animal dander, etc.)

Medications: (please list any and all medication you are currently taking)

Dietary Restrictions:

Activity Restrictions:

Other Medical Conditions:

Participant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____
(required if participant is under 18 years of age)

**Episcopal Church of the Holy Spirit 2024 - Youth & Young Adult Mission Trip to
Grace House on the Mountain, St. Paul, VA**

LIABILITY & MEDICAL RELEASE
(required if participant is under 18 years of age)

Liability Release

I hereby give permission for my minor child _____ to participate in Holy Spirit Verona's 2018 Mission Trip to **Grace House on the Mountain in St. Paul, VA on June 29 - July 8, 2024**. In consideration of permitting my minor child to participate in the described event, I hereby agree to indemnify and hold Holy Spirit, Verona, its employees and adult chaperones harmless from any and all liability as a result of being injured while participating in the above activity.

Parent(s) / Guardian(s) Name(s):

(Please Print)

Signed: _____ Date: _____
(Parent / Guardian)

Medical Release

In the event I cannot be reached during a medical emergency or following any accident, I authorize **the Rev. Jerry Racioppi** or other **Holy Spirit Chaperone** to act on my behalf according to his/her best judgment including treatment and or transportation to an area medical facility. I also authorize area hospital medical personnel to act on my behalf in the event of an emergency if I cannot be contacted. I assume all responsibility for costs if medical care is provided to my child.

Parent(s) / Guardian(s) Name(s):

(Please Print)

Signed: _____ Date: _____
(Parent / Guardian)

CODE OF CONDUCT

I WILL...

- respect the spiritual growth and work goals of this mission trip and participate in all scheduled activities, which are designed to make the most of my mission trip experience.
- respect privacy of others by not entering into areas assigned to the opposite sex.
- respect the people in the community where we will be staying and working, and I will dress and behave modestly. My behavior reflects upon us as a group, as individuals, but most importantly as Christians.
- respect everyone, so that all can get rest at night, I will respect lights out time.
- respect the other denominations and religious beliefs where we will be staying and not damage or steal any property.
- respect those around me by not using abusive language or engaging in reckless behavior that could cause harm to others or myself.
- keep our focus on our mission, and I will not bring any electronic devices (mp3 players, iPods, CD players, cell phones, etc.) to the worksite.
- for my safety, not leave the worksite or lodging facility without any adult accompanying me.
- not change room assignments, so my location will be know if I need to be contacts in case of an emergency.
- not have in my possessions or use fireworks, firearms, illegal drugs, alcohol or cigarettes. There is zero tolerance regarding these offenses!
- respect others and avoid inappropriate sexual activity. I will not engage in sexual misconduct, which can include inappropriate comments, gestures or physical contact.
- respect and follow the directives of the adult leaders.
- authorize the use of photos taken at the mission trip to be shared within Church of the Holy Spirit, Verona literature, website and social media forums.
- have read and understand this Code of Conduct. Out of respect for God, myself and others, I will abide by these rules. If I violate these, I may be sent home.

Participant's Signature: _____

Date: _____

Parent's/Guardian's Signature: _____

Date: _____

(required if participant is under 18 years of age)