

**2008 MISSION SERVICE ~ APPLICATION/RELEASE FORM**

**QUITO, ECUADOR Trip for College Freshmen**

**June 8, 2008 – June 17, 2008**

**Trip Cost: \$ 1,600**

**(price subject to increase for sign-ups after October 15 due to air travel limitations)**

Youth Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Youth Cell # \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

Youth's College \_\_\_\_\_ Youth's E-Mail \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Mom's E-Mail \_\_\_\_\_ Dad's E-Mail \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

**Non-Parent Emergency Contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone #s (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

**MEDICAL CONSENT:** In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional.

**INSURANCE INFORMATION:** I understand that First Presbyterian Church of Nashville has basic liability insurance that may or may not provide coverage for personal injuries of members while on the mission field and that the Church will take appropriate steps to obtain payment in the event of an injury or sickness that occurs as a result of missionary service. I agree to provide my own medical insurance coverage to supplement the coverage provided by the Church and agree to work with the Church to properly execute any claims that may arise. **Prior to trip departure, I agree to provide a copy of my family's health insurance ID card to the trip leader.**

**FINANCIAL RESPONSIBILITY:** The cost of the trip is \$1,600, payable to First Presbyterian Church. I agree to pay 1/2 of the trip cost (less the \$150 deposit) by **Nov. 1, 2007**, and the balance by **March 1, 2008**. *Please note there will be an additional financial cost incurred by each family for vaccinations and/or medicines required. Cost may range from \$110 - \$350, depending on immunizations already received by participant. I agree my son/daughter will receive all vaccinations at my own cost as prescribed by the CDC and First Presbyterian Church per the schedule provided.*

Enclosed is my check for \$150 as a **non-refundable, non-transferable** deposit.

**Ⓢ No trip refunds for cancellations after April 1, 2008. Ⓢ**

(If you need financial assistance, please check this box,  and we will send you a scholarship form.)

**TRAVEL CONSENT:** If my son/daughter is under the age of 18 at the time of trip departure, I agree to sign a consent form giving permission for my minor son/daughter to travel out of the country with the chaperone(s) approved by First Presbyterian Church. I agree this form will be signed by both the mother and father of the youth as well as notarized as requested. . **I also agree to provide a valid passport for my son/daughter for purposes of establishing proof of citizenship.** I agree to provide the passport to the trip leader prior to departure of the trip. Any cost of securing a passport is solely my responsibility.

**Please return form to: First Presbyterian Church, Youth Missions, 4815 Franklin Road, Nashville, TN 37220**

\* PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TRIP DESCRIPTION:** Ever wondered what it would be like to stand in both hemispheres at the same time? Ever been to a cloud forest? Through Youth World International, we will serve our God in Ecuador by serving others with the love of Him in us. Come home challenged to be obedient to God no matter where He calls you or what He calls you to do. This is your time!! "For you have been my hope, O Sovereign Lord, my confidence since my youth." Psalm 71:5