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| --- | --- | --- |
| SRC Dates August 4th-10th, 2019 Cost $1,450 | |  | | --- | | Los Angeles 2019Information Packet |  Purpose For this trip we will be partnering with City Service Missions to reach the community of Los Angeles with the gospel of Jesus Christ. We will be serving in soup kitchens, doing homeless outreach, help with service projects and much more. It is going to be an amazing week of being a part of and ministering to a community that desperately needs Jesus. Who is this trip for?Middle School Students Students who were in 7th or 8th grade during the 2018-2019 school year. Student Leaders Students grades 7-12 who are a part of our student leadership team. Expectations Our expectations for students on this trip are that they are an active part of the team, are responsible and hard-working, and that they act as a representative of Shelter Rock Church. That means that they are required to be at all team meetings, they are expected to be a part of all team activities, they are expected to be active in youth ministry (Sunday mornings and Wednesday nights), they are expected to meet all financial deadlines, they are to have a good attitude and a heart to serve, and their actions would display someone who is living a Christian lifestyle. |

**Important Dates**

It is expected that all students that are a part of this trip will be at all of the team meetings as well as any group projects (bake sales and things of that nature) that are on this list. Students are also expected to meet all financial deadlines listed here.

**March 3rd:** Last day to register

**March 3rd:** First Financial Deadline ($250 total due)

**March 10th:** First Team Meeting (6:30-8:30pm @Syosset)

**March 24th:** Missions Bake Sale (All Services @All Campuses)

**April 12th:** Second Financial Deadline ($700 total due)

**April 14th:** Team Meeting (6:30-8:30pm @Manhasset)

**May 17th:** Third Financial Deadline ($1,000 total due)

**May 19th:** Team Meeting (4-6pm @Syosset)

**May 26th:** Missions Bake Sale (All Services @All Campuses)

**June 7th:** Fourth Financial Deadline ($1,300 total due)

**June 9th:** Team Meeting (6:30-8:30pm @Syosset)

**July 12th:** Final Financial Deadline ($1,450 total due)

**July 17th:** Team Meeting (7-9pm @Syosset)

**July 31st:** Team Meeting and Dinner (6-9pm @Syosset)

**August 4th-10th:** LA Missions Trip

If any of these dates are an issue, please contact Peter at [Peter@ShelterRockChurch.Com](mailto:Peter@ShelterRockChurch.Com) right away to make him aware and discuss the next steps!

**Shelter Rock Church Los Angeles 2019 Info Sheet**

**(Keep This Copy)**

1. **Deposit**, **Completed Information Sheet and Permission Slips, and copy of Insurance Card due by Sunday, March 3rd, 2019.**
2. **Peter Ladenheim must be made aware of any dietary or medical needs that will need to be planned for in advance. That information will be kept private and is at the parent’s discretion to disclose**
3. **Students who us inhalers/EPI pens/etc. must show them to Peter at drop off at JFK. They will not be allowed to attend without them.**
4. **Departure**: All students need to be dropped off at JFK Airport by 12:00pm on Sunday, August 4th. They must be wearing their team shirt on arrival
5. **Pickup**: Approximately 3pm on Saturday, August 10th at JFK Airport. Flight information will follow so you can track the flight for updates.

**Packing List**

1. What to **Bring** packed in one suitcase (50lbs. max) and one carry-on:

* Government Issued Photo ID (License, Passport, School ID, etc.) easily accessible
* Bedding & Pillow
* Plastic garbage bags for wet clothes (in case of rain)
* Modest clothes for the week (shorts and tee shirts are fine, NO TANK TOPS) and clothes you don’t mind getting dirty
* Bathing Suit for the beach (modest one-piece for girls, no short-shorts for guys)
* Toiletries, towels, and other bathroom supplies
* Prescription Medication
* Bible, Notebook, Pen

1. What **Not** to Bring:

* Headphones/earbuds, iPods, Laptops, gaming devices, or other electronics
* Drugs, alcohol, tobacco, vape pens (or similar), or illegal substances
* Weapons

**Cell phones** are allowed on the trip, **but no headphones or earbuds** (we want students to talk to each other), and we respectfully request that they not be texting or calling home or friends during the week. We want them to maximize their time on the week to be present with their team, attentive to the mission, have meaningful encounters with Jesus, to make friends, and to deepen their relationships with students also on the trip. If students are found to be spending too much time on their phones, leaders are instructed to talk to them and redirect them to engaging in the weekend. If students are not following guidelines or responding to leaders, cell phones may be confiscated for the week. Thank you for your understanding.

*“I understand the information given in this sheet, as well as the expectations explained in this information packet. I commit to be responsible to uphold the requirements expected of me as they are described. I understand that failure to meet the requirements could end in my dismissal from the trip.”*

Parent’s Name Student’s Name

Parent’s Signature Student’s Signature

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**(Sign and Return This Copy)**

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Parent’s Name Student’s Name

Parent’s Signature Student’s Signature

**Shelter Rock Church Permission Slip/Waiver & Indemnity Agreement & Authorization for Medical Treatment Form**

**(Fill Out and Return)**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please print)*

For (Name of Event or Trip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

City: State:

In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages that I may have against the above named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the above named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program, activity or sport, I will personally indemnify, defend or hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney’s fees.

**Authorization for Medical Treatment**

This release and consent give Shelter Rock Church (SRC) permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give SRC permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child’s health, safety and welfare. I release SRC, it’s staff (paid or volunteer), and all medical providers from liability in acting on my behalf in this regard rendering such medical treatment.

**Note: I understand that my personal insurance is primary. I have read and understand this agreement.**

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

**Current Medical Condition (Please Circle One) Good Fair Poor**

List **any and all** medical conditions, allergies, of medical limitations that the child may be experiencing or has experienced in the past.

**Are you allergic to latex? (Please Circle One) Yes No**

**Current Medications** (Medications must be sent with participant in their original containers.)

Medication name For Dosage

Health Insurance Co.: Group No.: Phone #:

Insured under whose name:

Social Security # of insured:

Participant’s Doctor: Phone #:

**In an emergency, you may call the person listed below in the event a parent cannot be reached.**

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Video Release**

I further acknowledge that photos and videos taken of me during my participation may be used by Shelter Rock Church and/or their partner organizations at their discretion.

**SIGNATURES**

By signing you agree that the above statements are true and that you agree to abide by all of the rules, guidelines, codes of conduct, etc. as set forth by SRC and their partner organizations.

Participant: Date:

Parent/ Guardian: Date:

Print Parent/Guardian Names: Cell #:

Address:

City: State: Zip:

Home Phone: