

Instructions for NE & SD M.A.D. Teens Mission Trip 2010

Adult & Youth Participants

1. Print the registration form (page 3 of this document) and complete all required information on the form.
2. Next, send your \$100 deposit, due by February 18th (write your check out to your parish/school) and the completed registration form to your parish contact person or youth minister. The 45 mission trip youth spots are filled on a first come, first serve basis, along with openings for nine Chaperones (1 male chaperone per five boys and female chaperone per five girl teens attending), and two priests.

For Parish Contacts or Youth Ministers Only

1. Write a deposit check out to St. John's Catholic Church in the amount of \$100 per person in your group due by February 18th. The final payment of \$400 per person is due June 1st. All payments are **non-refundable**.
2. Finally, the parish contact person or youth minister mail the form and money for each person to:

Lisa Fahey
St. John The Evangelist
P.O. Box 670
Ft. Pierre, SD 57532

3. Some good Fundraising resources:

Totally Catholic – www.totallycatholicfundraising.com

Pizza Ranch

Local Yardwork Service for 1 week

Support Letter (copy included)

Red Wheel Fundraiser - www.redwheelfundraising.com

Date

RE: NE & SD Life Teen Mission Trip

Dear Friends and Family:

How are you doing? I hope that God is doing as many wonderful things in you life as He is in mine. I am having a wonderful year at High School, and feeling God's Will to do more for the world around me.

I want to share with you a challenging ministry opportunity that God has presented to me from July 24 through July 31, 2010. God has offered me the chance to go to St. Louis, Missouri, with youth from Nebraska and South Dakota Life Teen Parishes. This 8-day mission's trip will be going out and reaching those in need performing home repairs for the elderly, disabled and impoverished folks throughout the St. Louis community.

While God has opened up a door for me to develop a greater heart of compassion for His people around the world, the exciting part is that you will be able to share in this compassion in a couple of ways.

- First, you can help pray for me and my fellow students. We will need prayers that God will prepare us for our visit and bless our efforts as we minister to the people of St. Louis, MO from now in the beginning planning and preparing stages, until the trip July 24 until we return July 31st.
- Another way you can be involved is to help provide that financial support. Would you consider supporting me with a small donation? I have included a postage-paid envelope for you to use if you feel led to contribute. I will need to raise all my funds by June 30. You may make your tax deductible gift out to _____ and mail it to: _____ Please insert a note with the check stating: Student's Name _____ Donor Name _____

(Do not write my name in the "memo" on your check or you will not be able to receive a receipt for taxes).

Whether you feel led to contribute financially, through prayer, or both, all of your support is appreciated.

I look forward to doing God's work in St. Louis, MO and letting you know all about how God has worked through this team when I return in August.

Thank you for your encouragement and prayers.

God Bless,

NE & SD M.A.D. (Making A Difference) TEENS Mission Trip Registration Form 2010

Medical Permission Form, Liability Waiver Permission to Photograph, Code of Conduct and Cancellation Policy

Medical Permission Form, Liability Waiver, Permission to Photograph, Code of Conduct and Cancellation Policy Instructions: Read and complete this waiver carefully. Leave no spaces blank. This copy must be signed or you will not be permitted to travel. Please keep a copy of this signed waiver at home. By signing this waiver, you agree that you may be giving up legal rights and remedies available to you and your parent(s).

Full Name(Print Clearly) _____ Parish _____

Parent(s)/Guardian(s) _____ Age _____

Address/City/State/Zip _____

Home Phone _____ Parent Cell _____ Email _____

Health Insurance Carrier _____ Policy _____

Group # _____ Allergies _____

Dr.'s Name _____ Medications/Medical Conditions _____

Emergency Contact Name _____ Phone _____

T-Shirt (circle one)- Men's Ct- S- M-Lg-XL- XXL or Women's Cut-(loose fit) -S-M-LG-XL-XXL

Nature of Risks: I understand that travel to and from St. Louis, MO may involve certain risks beyond the reasonable control of St. John The Evangelist Church, the Diocese of Rapid City, Diocese of Omaha, and all parishes within it, and their respective officers, directors, volunteers and agents, chaperones or representatives associated with St. John The Evangelist Church, the Diocese of Rapid City, the Diocese of Omaha, including but not limited to accidents, emergencies, exposure to reckless conduct of persons, and St. John The Evangelist Church, and the Diocese of Rapid City Diocese of Omaha et al. disclaim any and all responsibility for any such risks.

Medical Permission for Participant: I hereby grant permission in the event of an emergency or accident for emergency medical care to be administered to myself during the NE & SD M.A.D. Teens Mission Trip and/or during or after transportation to a hospital or doctor for emergency medical care.

Waiver of Liability/Hold Harmless: By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. I agree that if I incur a behavioral infraction or illness requiring dismissal from NE & SD M.A.D. Teens Mission Trip, or there is an accident or emergency requiring my dismissal from NE & SD M.A.D. Teens Mission Trip must be discontinued in the event of an accident or emergency, I will be sent home at my expense, I assume the risk of any loss of any non-refundable or additional costs associated with travel and fees for NE & SD M.A.D. Teens Mission Trip, with no right of reimbursement or refund for any amount in connection with St. John The Evangelist Church, the Diocese of Rapid City and the Diocese of Omaha, et al.

Code of Conduct: It is expected that youth and adults will follow directions of all the St. John The Evangelist, Diocese of Rapid City and Diocese of Omaha volunteers, respective officers, directors, agents, chaperones or representatives associated therein. **Males and females are not allowed in the same sleeping area.**

Cell phones, ipods, and other distracting technology are not allowed. The use of drugs, tobacco, alcohol or items that endanger people are prohibited. Language and behavior should exemplify Christian values. Respect the rights and property of others. Theft and vandalism will not be tolerated. Clothing must be modest. Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to possible removal and barring from NE & SD M.A.D. Teens Mission Trip. Parents will be informed of such infraction(s). The participant will be flown home at the participant's expense with no reimbursement or refund.

Photograph permission: I give my permission to be photographed by NE & SD M.A.D. Teens Mission Trip, and/or the West River Catholic and /or the Diocese of Rapid City and/or Diocese of Omaha. These photos will be use for promotional materials or publications including printed materials or website. _____ Check here if you do not want to be photographed.

Cost: \$500. The deposit of \$100, with this form is due by February 18th. Registration and event information are at www.rapidcitydiocese.org or www.stjohnsfortpierre.org

Cancellation Policy: If you find a replacement before June 1, 2010, of the same gender & age range (ex. high school, young adult, adult) there is no penalty. From June 1st-June11, if you find a replacement of the same gender& age range, there is a \$40 per change fee. If you can't find a replacement you will not receive a refund of any payments, as we have binding, non-refundable contracts for services provided for this event.

I fully understand the consequences of and sign this Registration Form, including Medical Permission, Liability Waiver, Permission to Photograph, and Code of Conduct and Cancellation Policy knowingly, freely, and willingly.

Signature of Participant _____ Date: _____
Signature of Parent/Guardian _____ Date: _____

Registration payments should be made to your parish and sent as a group. The Parish Contact Person/Youth Minister mails registration forms and payments to the Diocese. There are 45 total spots available for youth and nine spots for chaperones. Spots will be filled on a first come, first serve basis. Send your deposit, payable to the St. John The Evangelist Catholic Church, of \$100 with this form to:

Lisa Fahey
St. John The Evangelist
P.O. Box 670
Ft. Pierre, SD 57532

All CHAPERONES must have had a background check through their parish Safe Environment Coordinator prior to the event.

For more information: Lisa Fahey, 223-2176, lisastjohn@pie.midco.net