



Date Submitted: \_\_\_\_\_  
 Time Submitted: \_\_\_\_\_

**Grosse Pointe Memorial Church**

**SENIOR HIGH MISSION TRIP REGISTRATION FORM**  
**DETROIT: SUNDAY, JUNE 16 - FRIDAY, JUNE 21, 2019**  
**TRIENNIUM: TUESDAY, JULY 16 - SATURDAY, JULY 20, 2019**

<p><b>I am registering for:</b></p> <p><input type="checkbox"/> Mission Detroit</p> <p><input type="checkbox"/> Triennium</p> <p><input type="checkbox"/> Both!</p>	<p><b>Use the checklist to make sure Registration is complete</b></p> <p><input type="checkbox"/> Complete Registration packet      <input type="checkbox"/> \$100. deposit per trip</p> <p><input type="checkbox"/> Notarized Health form</p> <p><input type="checkbox"/> a copy of both sides of your Health Insurance card</p> <p><input type="checkbox"/> a completed Physician's Report if applicable</p>
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Participant Name \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone:  Dad's cell    Mom's cell    other

Family e-mail address (please print clearly) \_\_\_\_\_

Phone:  Dad's cell    Mom's cell    other

Youth e-mail address (please print clearly) \_\_\_\_\_

Youth cell phone number \_\_\_\_\_

Do we have permission to contact you and/or your child by text via the Remind.com app? \_\_\_\_\_

Grade attending \_\_\_\_\_

T-shirt size \_\_\_\_\_ (XL, L, M, S)

**Return all items to the Christian Education Office at Grosse Pointe Memorial Church by November 20 for members and by December 21 for non-members.**

**Registration is complete once you receive an email from Sarah Godbehere.**

Checks should be made out to "Grosse Pointe Memorial Church" (or "GPMC") with "2019 Youth Mission Trip" and/or "Triennium" written in the memo line.



## Grosse Pointe Memorial Church

16 Lakeshore Drive  
Grosse Pointe Farms, MI 48236-3783  
(313) 882-5330

[01]  
COVENANT AGREEMENT - YOUTH

This page must be completed and signed by the participant and their parent or guardian.  
**RETURN COMPLETED FORMS BY December 21, 2018. This is required for participation.**

\_\_\_\_\_  
(Participant's name)

### **COVENANT AGREEMENT**

Each participant is expected to abide by the following for the 2019 high school youth summer trips:

1. I will participate in all activities and work hard. This includes activities leading up to the trip, like fundraising and orientation, as well as activities during the trip, like devotions, work days, and worship.
2. I will be on time.
3. I will follow all instructions and pay special attention to safety rules.
4. I will respect others (and their property), including adult leaders, staff, and those we serve.
5. I will follow the dress code.
6. I will not bring any electronic devices on this trip.
7. No males shall be in the female sleeping quarters and no females in the male sleeping quarters.
8. I understand that no one under the age of 25 shall drive a vehicle.
9. I will not fight or physically intimidate anyone.
10. I will not possess or use alcohol, drugs or tobacco.
11. I will not possess weapons, fireworks, lighters or explosives.
12. I will not do anything that will jeopardize the safety or experience of the group.
13. I understand this is a church mission trip and will act accordingly.
14. I will do my best to be safe and have fun!

Participants are required to initial the following:

\_\_\_\_\_ I have read the rules of conduct (stated above) and agree to abide by them.

\_\_\_\_\_ I am familiar with the information provided on my health form and physician report and agree to abide by the personal limitations stated on those forms.

\_\_\_\_\_ I understand the following:

*Participants who fail to comply with these expectations will be picked up by a family member and sent home at their own expense.*

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



**Grosse Pointe Memorial Church**  
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 (313) 882-5330

[02]  
**LIMITED POA - YOUTH**

**LIMITED POWER OF ATTORNEY**

For Emergency Medical Treatment, Travel and Consent  
 June 16, 2019 through July 21, 2019

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Allergies/Illnesses \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Rev. Peter Henry, Lisa Turner, Rev. Sarah Godbehere, or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective June 16, 2019 through July 21, 2019. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian	Relationship to child	Date
Street Address _____		
City, State, Zip _____		
Telephone: Home _____ Work _____		
Mom's Cell _____ Dad's Cell _____		
Health Insurance Company _____ Policy Numbers _____		
Emergency Contact Name _____ Relationship _____		
Home _____ Work _____ Cell _____		



# Grosse Pointe Memorial Church

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**[03]**  
**HEALTH FORM - YOUTH**

This page must be completed and signed by parent or guardian **and notarized.**  
(You may see our notary, Julie McCrea, in the church finance office).

**RETURN COMPLETED FORMS BY Dec. 21, 2018. This is required for participation.**

Name of Participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Second Parent/Guardian or Emergency Contact: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Insurance Carrier \_\_\_\_\_

Contract No. \_\_\_\_\_ Group No: \_\_\_\_\_ (A copy of the card must be submitted)

**HEALTH RECORD (Please fill in all information requested.)** \_\_\_\_\_

**Immunizations:**

Date of last tetanus shot: \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ (most recent)  
(Booster date is important in case of accident.  
Note: Tetanus is included in DPT and DT)

DPT or DT \_\_\_\_\_ Oral Polio \_\_\_\_\_

Measles \_\_\_\_\_ Rubella \_\_\_\_\_  
(German measles)

Mumps \_\_\_\_\_ or MMR \_\_\_\_\_ (Measles, Mumps, Rubella in one dose.)

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma     epilepsy / seizures     heart trouble     diabetes
- Frequently upset stomach     physical handicap     other \_\_\_\_\_

*List and explain any additional major illnesses or surgeries your child experiences during the past 12 months. Additional comments may be attached on a separate sheet.*

Is youth participant in reasonably good health and free of contagious disease?  yes  no

Should this student's activities be restricted for any reason?  yes  no  
(If yes, please explain)

Has this student had a physical examination within the last 24 months?  yes  no  
(If no, see Physician's Report on next page.)

**Allergies:**

Does youth participant have any allergies to -  
 pollens                       medications                       food                       insect bites                       other

Description of allergies: \_\_\_\_\_

Describe symptoms or reactions: \_\_\_\_\_

Are any medications or treatments helpful? \_\_\_\_\_

**General Health:**

For your child's safety, and our knowledge, is your child a -  
 good swimmer                       fair swimmer                       non-swimmer

Does your child wear-  
 glasses                       contact lenses                       all the time                       occasionally

Please list any additional dietary considerations:

\_\_\_\_\_  
(Name of participant)

has my permission to participate in the:

High School Mission Trip to Detroit

Triennium at Purdue University in Indiana

and all subsequent activities connected with the trip(s). I confirm that the information provided above is correct, to the best of my knowledge.

I give permission to the physician or hospital selected by the church authorities to secure proper treatment, to hospitalize, and to order injections, anesthesia, or surgery for the above participant. We agree to assume all responsibilities for medical payments for sickness and accident. WE AGREE TO INDEMNIFY AND HOLD HARMLESS GROSSE POINTE MEMORIAL CHURCH AND THE ADULT ADVISORS ACCOMPANYING MY CHILD FROM ANY CLAIM OF LIABILITY WHATSOEVER ARISING FROM THE TRIP.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public    County and State    Date

If youth participant is bringing medication on the trip, has a chronic/handicapping condition, or has not seen a physician in the last 24 months, the **Physician Report Form** must be completed and signed by physician.



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**[04]**  
**PHYSICIAN REPORT - YOUTH**

This page must be completed and signed by Physician. **RETURN COMPLETED FORMS BY Dec. 21, 2018.** Form is required for participation if youth participant is bringing medication on the trip, has a chronic/handicapping condition, or has not seen a physician in the last 24 months.

Name of youth participant \_\_\_\_\_

Date last seen by Physician \_\_\_\_\_

Is there a diagnosis that may impact the youth's participation on this trip?  No  Yes as detailed below

\_\_\_\_\_  
\_\_\_\_\_

Youth Participant has medication:  for regular use  for use as needed  None

Drug	Dose	Time / Administration
_____		
_____		

Special instructions or general precautions concerning this youth participant:  
(any recurring illness, any treatments as needed, meal or dietary restrictions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In my medical opinion, the person named above  is able  is not able to participate in the youth trip(s), the work that is to be done, and the subsequent activities of the group.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_



THE PRESBYTERIAN CHURCH (U.S.A.)  
*A Light by the Lakeshore*

## GROSSE POINTE MEMORIAL CHURCH Photo Release Form

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

**I DO GIVE** Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

**I DO NOT GIVE** Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

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

Name of Child(ren): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_