

## **2020 Youth Mission Trip Info**

Our trip this year will be to Gatlinburg, TN through Team Effort ([www.teameffort.org](http://www.teameffort.org)) July 26<sup>th</sup> – August 1<sup>st</sup> with Nashville Presbytery. We will be doing home construction projects that could include building wheelchair ramps and decks, painting, and roofing, etc. We will be staying in dorms at a local college. Most meals will be provided by Team Effort. We will distribute meal money for those meals that are not provided. On Friday of the trip we will spend the day at Dollywood. Students should plan on bringing spending money to cover optional activities, souvenirs, snacks, etc.

The following is a tentative schedule:

Sunday, July 26<sup>th</sup> – Depart for Gatlinburg (time & place TBD)

Monday-Thursday – Work days.

Friday – Dollywood.

Saturday – Return home.

### **PLEASE READ AND FOLLOW THESE DIRECTIONS:**

The total cost for each participant will be \$475. All tools, supplies, lodging, transportation, and previously mentioned meals will be included for this price. Every student who wants to go will be required to pay a \$100 non-refundable deposit to secure their spot. We anticipate the remaining balance being fully funded, using our TCPC Youth, Inc. fundraiser. The last five years we were able to raise 100% of the funds we needed (plus a little extra), and I'm hoping we will be able to do the same this time. Due to time constraints with the planning process, the deadline to commit to this trip and turn in the \$100 deposit is March 18, 2020. Please make checks payable to "TCPC Youth." All students will be required to have a current, signed and notarized medical release form on file before we depart. Feel free to call or text with any questions.

Grace and Peace,  
Tyler Spradling  
TCPC Youth  
(615)417-6967



**NASHVILLE PRESBYTERY CP MISSION TRIP REGISTRATION FORM**  
**TEAM EFFORT, GATLINBURG, TN**

**July 26<sup>th</sup> – August 1<sup>st</sup> 2020**

**Cost: \$475**

**Please see the person in charge of your congregation's youth program for deadlines and breakdown of deposits and final balance payment.**

This form must be completed by all persons attending the trip. All persons must sign the covenant and youth must have a parent or guardian signature. For more info call Tyler Spradling at (615) 417-6967.

NAME \_\_\_\_\_ Age \_\_\_\_\_ Grade or Adult \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Participant Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF PARENT GRANTING PERMISSION \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY: \_\_\_\_\_

PHONE # \_\_\_\_\_

MEDICAL INFORMATION: List any medical problems you have or any medical attention needed. Please include allergies and any medications currently taken.

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INSURANCE COMPANY: \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

**FIRST AID:** BY SIGNING BELOW, I HEREBY GIVE PERMISSION TO ADULT CHAPERONES TO ADMINISTER FIRST AID AND /OR SEEK MEDICAL ASSISTANCE AS NEEDED. I ALSO AGREE TO COVER ANY PAYMENTS FOR MEDICAL ATTENTION.

I ALSO AGREE TO COVER THE COST OF ANY DAMAGE MY CHILD MAY CAUSE TO THE FACILITES THEY WILL BE USING. I ALSO AGREE NOT TO HOLD THE CAMP, MISSION TRIP ORGANIZERS, PRESBYTERY, AND/OR CHURCHES RESPONSIBLE FOR ANY INJURY THAT MAY BE A RESULT OF MY CHILD'S ACTIONS.

SIGNATURE OF GUARDIAN OR PARENT: \_\_\_\_\_

**COVENANT: (ALL PERSONS ATTENDING MUST SIGN):** I, \_\_\_\_\_

Promise to obey all requirements as set forth by the Mission Trip adult leaders and to actively participate in all mission activities: Work, Worship, etc.



Camp Location: \_\_\_\_\_ Camp Date: \_\_\_\_\_

### Permission Slip & Release of Liability

Church Name: \_\_\_\_\_ Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, (please print) \_\_\_\_\_ acknowledge that I have volunteered to participate in construction and other activities at TEAMeffort, Inc. I understand that these activities are not conducted in the course of trade or commerce, and do not involve the lease or sale of goods or services.

I am aware that I am voluntarily participating in these activities of construction, which include, but are not limited to, the construction of homes, loading and unloading materials, painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of the danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below.

I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of TEAMeffort, Inc., its directors, officers, agents, employees, volunteers, suppliers, or contractors. This release is intended to be broad in its effect.

I authorize a church representative and/or TEAMeffort staff member to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for treatment.

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medical information: \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **NOTARY SECTION:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Name

My Commission Expires on \_\_\_\_\_

(Notary stamp here)