

Faith/First Permission & Medical Release Form

The Other Way Mission Trip

Grand Rapids, MI — 2009

Updated
Edition!

I give my son or daughter, _____ permission to travel with the Faith Reformed Church RCYF mission team from Sunday, June 21st to Friday, June 26th to The Other Way Ministries in Grand Rapids, Michigan. I understand that the the cost to me is \$100 for the trip. A \$50 deposit is due by February 22nd and the final \$50 will be due Wednesday, May 20th. This cost includes room, board, travel and some activity expenses. My son/daughter will also need to bring additional money for lunch & supper on the way to and from Grand Rapids. I have read the promotional sheet (titled "Mission Trip Opportunity") and understand the dates, times, fundraising policies and other information therein.

I understand that the trip will take place at The Other Way Ministries in Grand Rapids, MI, with a stop in Holland to visit Hope College. While there my son/daughter may be exposed to/participate in activities commonly associated with a mission trip, including various types of service opportunities with possibilities being maintenance, housing improvements, painting, hunger-relief ministry, fundraising and children's ministries, etc. I certify that my child is physically fit and able to participate. The youth will travel to and from the Other Way in mini-vans and the First Reformed Church bus. Should an accident or injury of any kind occur while my son/daughter is participating in the event, I release Faith & First Reformed Churches, along with their pastors, boards, directors, leaders, sponsors and also any additional adult chaperones on the trip from any responsibility or liability for the accident or injury and from any claim for damages from the accident or injury. I also understand that at some point I will need to fill out additional forms that will be filed at the RCA denominational office in compliance with their liability procedures. In the event that emergency medical treatment is required, I give my permission to the adult leaders/ chaperones on the trip to secure needed medical treatment for my son/daughter.

Parent Signature _____ Date: _____

Additional Contact Information (*required information)

Student Name* _____ Home Phone* _____

Address* _____

Parent Cell Phone _____ Student Cell Phone _____

Parent Email Address* _____

Student Email Address _____

Emergency Contact *
Name & Phone (not parents cell) _____