**LA CRESCENTA PRESBYTERIAN CHURCH**

**REGISTRATION FORM FOR DOMINICAN REPUBLIC OUTREACH**

**REVISED FORM FOR SHORTENED TRIP ! July 17-24, 2021 (*was July 17-26*)**

**2902 Montrose Avenue, La Crescenta, CA 91214**

 **(818) 249-6137 www.lcpc.net**

**To register you must fill out this registration form and submit it online at** [**www.lcpc.net**](http://www.lcpc.net)**, or mail or deliver it to LCPC. You will only be considered registered if your form is accompanied by your payment of 340 (that’s $240 less than the original fee!) by check or online. You will need to buy your own airline ticket. Detailed instructions are included in the trip info flyer. Your trip fee will be refunded if the trip fills and you can’t go, or if you drop out before July 9.**

**Make checks payable to: “La Crescenta Presbyterian Church” and write “DR 2021 Mission Trip Fee” in the note section. We will contact you soon to confirm your registration (or inform you that the trip is full). Immediately after receiving confirmation, you should purchase your airline tickets and send us a copy of your flight itinerary (see trip flyer for flight schedules).**

**The registration deadline is July 9, 2021, but immediate registration is recommended. Group size limit is 24.**

**Section I: CONTACT AND MEDICAL INFORMATION** (for all participants)

**Print your name legibly *exactly as it appears on your passport:***

 Sex: M F

Last Name: Middle Name: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_Adult \_\_\_Student \_\_\_ Grade in ’21-’22 school year (if student)

Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PARTICIPANTS UNDER AGE 19:**

Name – Father/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Phone: \_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name – Mother/ Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Phone:\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR EVERYONE:**

**PASSPORT NUMBER, EXPIRATION DATE:** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_

Are your standard immunizations up to date? \_\_Yes \_\_ No **Are you vaccinated for COVID-19?(required!**) \_\_ Yes \_\_ No

List any allergies you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications you take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medication allergies you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eating preferences: Are you a... \_\_\_Red meat Vegetarian? \_\_\_All meat vegetarian?

Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Physician (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone #

**SECTION II: MEDICAL RELEASE (left side if parent of youth; right side if age 18 or older):**

**For the Parent, or Legal Guardian of Youth under 18:**

“I, the Parent, Agency Representative or Legal Guardian, hereby give consent to La Crescenta Presbyterian Church (Staff, Leaders, Advisors, Representatives) to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) at a hospital, clinic or medical office to my child.

“This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.”

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**For Adult Participants Age 18 or Older (Including LCPC Staff, Leaders, Advisors, Rep.):**

“I, the undersigned, give my permission to any licensed physician (M.D.) or dentist (D.D.S.) at a hospital, clinic or medical office to provide for me all emergency dental or medical care that has been selected by one of the event/trip Staff, Leaders, Advisors, and/or Representatives.”

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: FOR PARENTS/ GUARDIANS OF STUDENTS UNDER AGE 19:**

“My child/ guardian, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [WRITE NAME] has my permission to participate in the Dominican Republic Outreach planned by La Crescenta Presbyterian Church for July 17-24, 2021. I understand that this may involve working on a construction site with tools such as picks, shovels, power tools and concrete mixers; beach trips; and field trips in buses, vans or cars. I understand that the pick-up/drop-off of my child by another parent or representative after the event will not be permitted without prearranged permission from the child’s parent/guardian with the LCPC trip leaders. I have read the Covenant below and I agree to pay any expenses incurred during travel if my son or daughter violates the Covenant and is therefore sent home early. I also understand that the fee of $340 is due no later than July 9, 2021 and that the fee is non-refundable after that date,”

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

Signature Date

**SECTION IV: COVENANT FOR ALL PARTICIPANTS (students and adults):**

**All participants LCPC’s Dominican Republic Outreach 2021 are expected to enter into the following covenant:**

 “I pledge to follow and uphold the following rules. I will…

…show respect for others and try to spread good cheer to all.

…respect the authority of the staff, leaders, and advisors.

…respect others’ privacy, stay clear of areas designated off limits to the opposite sex, and work to keep our living space clean.

…be on time for and participate in all designated group activities, including the orientation prior to the trip, meals, talks, small group meetings, travel, work, recreation and worship.

…inform the staff, leaders, and/or advisors before I make short trips with friends, and abide by the established curfew.

…exhibit modesty in my relations with the opposite sex.

I will NOT: travel or swim alone, ride on motorcycles or otherwise endanger myself; drink alcoholic beverages; take drugs (prescription drugs excepted); or use tobacco products.

 **“I understand that the trip fee of $340 is due on 7-9-21 and is non-refundable after that date.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team member’s signature (youth or adult) Date

**SECTION V: FOR STUDENTS UNDER AGE 19 (skip if you are age 19 or older):**

 “I understand that if I fail to uphold this Covenant I may be sent home early at the expense of my family, and that I may be prohibited from participating in future trips with LCPC.”

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

Team member’s signature (youth) Date

**SECTION VI: EMERGENCY CONTACTS**

Contact in case of emergency:

Name (someone other than parent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. **FOR PARENTS ONLY**: Is there anyone NOT authorized to pick up your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VII: SPECIAL DONATIONS**

1. Our team will be spending more than $8,000 for construction supplies, medicines and other items we’ll need to complete our projects. We invite you to offer a gift to help with these expenses. *We appreciate any gift you might offer.*

“I have included a separate check (to LCPC, noted “DR 2021 supplies”) to help pay for mission supplies. Amount: $­­­­­\_\_\_\_\_\_\_\_\_\_

1. We would love to be able to help some of our youth with trip expenses. We invite you to help.

“I have included a separate check (to LCPC, noted “DR 2021 scholarships”) to help youth who would like to participate but need financial assistance. Amount: $\_\_\_\_\_\_\_\_\_\_\_ (Scholarship decisions will be made by trip leaders.)