

Mission: Mexico 2010

Documents

- Passport
- Alien Card
- Identification Card (School ID, License, Permit)

Forms

- Notarized Consent if under 18
 - Birth Certificate
- Medical Release
- Liability Release

Other

- Balance Paid
- T-Shirt Size_____

What to Remember:

- Bible/Notebook
- Attendance
- Fundraisers
- Personal Testimony
- Dress Code
- Songs
- Spanish
- Check Mexico website and calendar

PARENTAL CONSENT FORMS

FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (*At The Time Travel Starts*) To Prevent Immigration Problems When Entering Or Leaving The Country.

When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!

FORM #1 - Both Birth Parents Are Alive - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

FORM #2 - One Birth Parent Is Deceased - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. *However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.*

Fill In the Forms Using the Codes Below

- a) The full name (*first, middle & last*) of the non-traveling parent(s) or legal guardian.
- b) The relationship of the non-traveling parent(s) to this minor child.
- c) The full name (*first, middle & last as shown on their citizenship documentation*) of the person you authorize to travel with this child.
- d) The relationship of this person to the minor child. (*Father, Mother, Uncle, Friend, Teacher, etc.*)
- e) The full name (*first, middle & last as shown on their citizenship documentation*) of the child.
- f) The child's age at the time travel begins.
- g) If the form requires, place the word "Me," "We," or "Us" in this space.
- h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.

AFFIDAVIT OF PARENTAL CONSENT

For Travel Outside The U.S. Of A Minor Child Without Both Birth Parents
Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] Of Said Minor Child, Do

Hereby Authorize _____ [c]

_____ [d] Of Said Minor Child To Travel As A

Guardian Of _____ [e],

Age: _____ [f]

To The Following Country Without _____: [g]

_____ [h]

From:

Day: _____/ Month: _____/ Year: _____ [i]

To:

Day: _____/ Month: _____/ Year: _____ [j]

Signature of Father: _____

Signature of Mother: _____

(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT

For Travel Outside The U.S. Of A Minor Child Without Both Birth Parents
Traveling

FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!

I, _____[b] Surviving Birth
Parent Of Said Minor Child, Do Hereby Authorize _____[c]
_____[d] Of Said Minor Child To Travel As A Guardian
Of _____[e],
Age: _____ [f]
To The Following Country Without _____: [g]
_____[h]

From:
Day: _____/ Month:_____/ Year:_____ [i]
To:
Day: _____/ Month:_____/ Year:_____ [j]

Signature of Parent: _____

(Signature Of Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public:_____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of Activity or Event: _____ Date of Activity or Event: _____

Check One: Missionary Trip Youth Activity Student Volunteering

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: the Slavic Christian Church of Salem (SCCS) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that SCCS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the SCCS.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property

MEDICAL INFORMATION FORM

Name: _____ Trip Name and Year: Mission: Mexico 2010
Address: _____
City, State: _____ ZIP: _____
E-mail: _____
Daytime Phone: _____ Evening Phone: _____
Gender: _____ Birth Date: _____ Height: _____
Weight: _____ Color Hair: _____ Color Eyes: _____

Allergies: _____
Recent Illnesses: _____
Operations, serious accidents: _____
Current Medications: _____

Please note if you have had an occurrence of any of the following:

YES	NO	YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Other lung disorder	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness
<input type="checkbox"/>	<input type="checkbox"/>	Heart disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other chronic illness

If you checked YES for any of the above, please explain present condition on a separate sheet.

Ability to do moderately strenuous physical work: _____
Do you have an unreasonable or undue fear of heights or exposed places? _____
Are you allergic to any medication, or suffer from harmful side effects with particular medications?
If so, please indicate which medication(s): _____

In the event of an emergency, notify: _____ Relation: _____

Address (if different from above): _____

City, State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

To the best of my knowledge, the above information is correct and current.

Signature of trip applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if applicant is under 18 years of age)

NOTICE: The following is required. Applicants or participants will not be accepted without it:

I AUTHORIZE THE TRIP LEADER(S) TO GIVE OR ARRANGE FOR ALL NECESSARY MEDICAL CARE FOR THE PARTICIPANT IN CASE OF ILLNESS OR INJURY WHILE ON THIS TRIP. I UNDERSTAND THAT MEDICAL EXPENSES INCURRED DURING THE TRIP ARE THE RESPONSIBILITY OF THE PARTICIPANT. IN SIGNING BELOW, I ACKNOWLEDGE ON BEHALF OF THE PARTICIPANT AND/OR THEIR GUARDIAN THAT I UNDERSTAND AND WILL COMPLY WITH THE ABOVE STATEMENTS.

Signature of applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if applicant is under 18 years of age)

I HAVE MY OWN HEALTH INSURANCE (YES/NO): _____

If YES, Insurance Provider and Policy Number: _____

Name of insured (if other than applicant): _____

Name of Physician: _____

Physician's Office Address: _____ ZIP _____

Physician's Phone: _____

Items to bring

Toiletries:

- Deodorant
- Toothpaste/Toothbrush
- Shampoo
- Soap
- (2) Towels
- Eyecare products, if needed
- Hair products
- Q-Tips
- Shower flip-flops
- Shaver/Cream
- Feminine Products

Bedding:

- Sleeping bag
- Pillow
- Blanket for driving

Clothing: It may be hot, cold, or raining. Plan for all conditions. We have access to a washer and dryer only in an emergency, so make sure you come fully equipped.

- Skirts/dresses and shirts and socks as needed
- Sweatshirt/light jacket
- Swimsuit
- Jeans as needed

- Pants
- Shirts
- Swim trunks

- Casual shoes
- Nicer church shoes
- Sandals or flip-flops for shower

Extras

- Water bottle
- Sunglasses
- Sun lotion
- Camera/Batteries/Chargers
- Watch