



Grace Church Senior High Mission Trip 2012 JAMAICA DEAF VILLAGE :: JULY 14–21



Dear parents and students,

The student ministry at Grace Church exists *to raise up mature student-disciples of Jesus Christ*. We believe discipleship involves a life commissioned to serve others, both locally and internationally. We *grow* as we *give*.

This summer, our students will be commissioned into the world as we serve a community that needs the love of Christ. There is a country, that although saturated with the gospel, has forgotten about 2,500 of its inhabitants. These forgotten are deaf. Welcome to Jamaica.

For over a decade, Grace Church has partnered with the Caribbean Christian Center for the Deaf (CCCD) in ministering to this unreached people group of deaf men, women, and children. Two years ago, our senior high students traveled to Jamaica where they constructed buildings, ran a VBS for local children, and served the deaf. This summer, we will return to CCCD to build upon the foundation began two years ago. We pray you will consider joining us.

This packet contains several important pieces of information.

1. A **student application**
2. Two copies of the mission trip **team covenant**
3. A Grace Church **medical release form**
4. The CCCD **Release Form for Unaccompanied Minors**
5. A **trip information sheet**
6. A packet of **passport information**

If you want to apply for the trip, **please fill out numbers 1–4** and return them to the church office by **Wednesday, November 2, 2011** along with a \$100 deposit. (Keep for yourself one copy of the team covenant, the trip information sheet, and the passport information.)

The trip information sheet only gives basic information, some of which may change before the trip. We will provide more detailed information in the coming months.

If you apply for the trip and *do not currently have a passport*, you need to begin this process ASAP to avoid expedite fees. If you have questions, please ask; my contact information is below. Join us as we seek to become mature disciples of Jesus Christ.

Will you go?

Curtis W. Lindsey
Senior High Pastor



Grace Church Senior High Mission Trip 2012 STUDENT APPLICATION

The application is to be completed by all students desiring to be a part of the senior high mission trip to the Jamaica Deaf Village in 2012. This is an application and **does not** guarantee a spot.

Personal Information

Name _____ Today's Date ____ / ____ / ____

Address _____

City _____ State ____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

Email address _____

Date of birth ____ / ____ / ____ Grade level (Fall 2011) _____

Do you have a passport? _____ If yes, passport number _____

Passport date of expiration ____ / ____ / ____

Do you have any allergies? _____ If yes, please explain:

Do you have any physical limitations or disabilities that would affect your participation in less than ideal conditions, such as extreme heat, limited food choices, etc.? _____

If yes please explain:

Family Information

Father's name _____

Mother's name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Home phone (_____) _____

Home phone (_____) _____

Cell phone (_____) _____

Cell phone (_____) _____

Email _____

Email _____

Applicant Questions

Please attach a ONE-PAGE copy of your personal testimony which includes (1) how you came to know Jesus Christ as your personal Savior, and (2) your personal commitment to spiritual growth.

Why do you want to participate on this mission trip?

Do you have any specific skills or talents (e.g. construction, sign language) that will contribute to the trip?

Please describe any previous experience (e.g. previous mission trips, children's ministry experience, leadership opportunities, overseas travel) that would aid you on this trip.

Applicant's Statement

I am committed to this endeavor and desire to serve the Lord at the Jamaica Deaf Village. I realize that I am responsible for raising my own support/funding. I understand there are no refunds. I am committed to all that is outlined within the team covenant. I agree to follow the instructions and rules given by Grace Church and the Jamaica Deaf Village staff.

Student signature _____ Date ____ / ____ / ____

**I have my parent's permission and support to apply for this trip.
(At least one parent/guardian must sign below.)**

Parent signature _____ Date ____ / ____ / ____

Parent signature _____ Date ____ / ____ / ____



Grace Church Senior High Mission Trip 2012 JAMAICA MISSION TEAM COVENANT

With a deep commitment to disciple both the individual participant and the overall group, the leadership team of Grace Church has designed a covenant for trip participants. In order to promote unity within the group, maintain a lifestyle that is above reproach, and foster relationships among the team, we ask each team member to enter into the following covenant.

As a member of this team, I am committed and understand the following standards:

- **I am committed** to honoring the Lord through my attitude, relationships, and work ethic both leading up to, and during, the trip.
- **I am committed** to attending and participating in our team meetings prior to the trip in order to build team relationships, receive information, and plan accordingly for this trip. **I understand** that I must attend five out of the six scheduled team meetings, participate in at least half of the additional fundraising opportunities, and serve an additional six hours of approved time before the trip.
- In the event I must miss a team meeting, **I understand** that it is my responsibility to inform my team leader that I will not be able to attend and to get the information from that meeting.
- **I am committed** to avoiding a critical attitude in regards the host culture of Jamaica, the people of Jamaica, my teammates, or my leaders.
- As a participant on this trip, **I am committed** to maintaining a lifestyle that reflects devotion to Jesus Christ in all areas of my life, including sexual purity and the use of tobacco, alcohol, and drugs. While in Jamaica, **I understand** that my actions will reflect Grace Church, CCCD, and the name of Jesus Christ.
- **I understand** that time, plans, and resources are being spent on the basis of my signing this covenant and I will be responsible for any money that is unrecoverable in the event that I am unable to keep my commitment to go on this trip. **I understand** that if I am unable to uphold this covenant, I might not be allowed to go on the trip. Furthermore, **I understand** that if, while in Jamaica, I am unable to uphold this covenant, I may be sent home early at my own expense.

Student Name: _____

Student Signature: _____

Parent(s) Name: _____

Parent(s) Signature: _____

Date: _____

Please read and sign both copies and return one copy to the office with your other forms. If you want to discuss this covenant or elements of this covenant, please contact Curtis Lindsey at (940) 692-4251 or curtis@gracechurch.com.

CARIBBEAN CHRISTIAN CENTRE FOR THE DEAF RELEASE FORM
For **Unaccompanied Minors**

Any participant under the age of 18 must complete this form if traveling
unaccompanied by a parent or guardian.

Work Team Leaders should return a copy of each form to the CCCD US Office and keep each original form.

Participant's Name: _____ Date of Birth: _____

Email Address: _____

Home Phone: (_____) _____

Address: _____

City/State/Zip: _____

Additional emergency phone number: (_____) _____

1. PERMISSION FOR TRAVEL - FOR AN UNACCOMPANIED MINOR

As a parent or guardian, I give my permission for

(name) _____ to travel to

(location) _____ to participate in

The Caribbean Christian Centre for the Deaf Mission Program on the following dates:

From _____ to _____, 20_____

Signature of parents or guardian: X _____

X _____

Date: _____, 20_____

For Notary Only

State of _____

County of _____

On this, the _____ day of _____, 20_____, before me a notary public,

_____ personally appeared, known to me
(or satisfactorily proven) to be the person whose name is subscribed and acknowledged to be
the same for the purposes therein contained.

In witness hereof, I here unto set my hand and official seal.

Notary Public

2. MEDICAL CONSENT - FOR AN UNACCOMPANIED MINOR

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of parents/guardian:

X _____ Date _____

X _____ Date _____

Relationship to the minor participant: _____

3. INSURANCE - FOR ALL PARTICIPANTS

I understand that The Caribbean Christian Centre for the Deaf (CCCD) does not provide primary or major medical insurance coverage for losses, sickness or injuries that may occur to my child while participating in the program. I am responsible for providing my child's insurance coverage. CCCD provides limited travel insurance. It is not a major medical policy. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expense not covered under the CCCD policy, should return emergency transportation be necessary. As for medical insurance, my child has the following coverage:

Insurance Company: _____

Address: _____

Policy or group plan #: _____ Identification # of the insured _____

The participant is a covered dependent of the insured. Yes _____ No _____

The name of the insured: _____

X _____
Signature of the insured Date

X _____
Signature of the unaccompanied minor Date

4. GUIDELINES FOR TEEN AND ADULT WORK TEAMS

I have received and read and understand the "Guidelines for Teen and Adult Work Teams" of the Caribbean Christian Centre for the Deaf and understand that I will be required to abide by these guidelines while on this short term mission program. I understand that my failure to abide by these guidelines may result in my being required to withdraw from this short term mission program at my expense. I hereby agree to abide by the guidelines, by signing the Release of Liability below.

5. RELEASE OF LIABILITY – FOR AN UNACCOMPANIED MINOR

I am aware of the potential risks to my child and his/her property as he/she participates in The Caribbean Christian Centre for the Deaf Mission Program. With such knowledge, I voluntarily release CCCD, the sending church _____ Church, their representatives and employees from any and all liability related to the activities of this program.

Signature of parents/guardians of unaccompanied minor

X _____ Date _____

X _____ Date _____

GRACE CHURCH

PARENT'S DELEGATION OF AUTHORITY TO CONSENT TO MEDICAL OR DENTAL TREATMENT FOR MINOR CHILD AND GENERAL RELEASE

If there is a change in ANY of this information, a new form must be filled out.

MEDICAL/GENERAL RELEASE:

I/We authorize Grace Church, located at 4822 Kemp Suite 500, Wichita Falls, TX, 76308, its agents, volunteers, employees, officers or directors, in whose care the minor child has been entrusted by me/us, to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general care and special supervision of a physician and/or a dentist. It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of GRACE CHURCH, its agents, volunteers, employees, officers or directors, to give specific consent to any and all such diagnosis, treatment, or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of injury to or illness of the minor child.

This Authorization shall remain in effect and any treatments authorized herein shall begin prior to such date, unless sooner revoked by the undersigned in writing delivered to GRACE CHURCH. This also releases GRACE CHURCH, its agents, volunteers, employees, officers, or directors from any and all costs and expenses, including but not limited to, attorneys fees, reasonable investigative and discovery costs, court costs, and all other sums which GRACE CHURCH, its agents, volunteers, employees, officers, or directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action founded for, arising or alleged to have arisen out of the activity for with Authorization is given or the use of real property belonging to GRACE CHURCH, its agents, volunteers, employees, officers, and/or directors, or by any action omission by the minor child.

TRANSPORTATION RELEASE: (Please initial)

_____ Please be aware that students will be transported to and from the event in a church, rental, or private vehicle.

INSURANCE RELEASE: (Please initial)

_____ I realize that church insurance begins where the individual's health and accident policy terminates. It is only valid when other insurance has been extended to its limits.

PERSONAL BELONGINGS RELEASE: (Please initial)

_____ I realize that Grace Church is not responsible for personal belongings.

DISCIPLINE RELEASE: (Please initial)

_____ In the event of serious/repeated misconduct and/or violation of law, I authorize the staff to send my student home at my expense.

Date Parent or Legal Guardian (Please Print) Signature of Parent or Legal Guardian and title (mother, father)

1) _____
Work Phone Home Phone Cell Phone, Pager, etc. Name / Relationship Emergency Contact

2) _____
Work Phone Home Phone Cell Phone, Pager, etc. Name / Relationship Emergency Contact

STUDENT'S PERSONAL INFORMATION:

Student's Full Name: _____ Birthday: _____ Age: _____ Male/Female

Address: _____ City: _____ State: _____ Zip: _____

Doctor's Name: _____ City: _____ State: _____ Phone: _____

Insurance Company: _____ Group: _____ Policy #: _____

Should this student's activities be restricted for any reason? If yes, please explain. _____

Please list any allergies (foods, plants, medicine, etc.): _____

Does your child have any medical problems? (ie Epilepsy, heart trouble, diabetes, etc.) _____

Current Medications (including Psychiatric) Medication Name Frequency Dosage Explanation

Please use back for any additional information.