

Episcopal Diocese of Louisiana Youth Ministries

## “From EDoLA, With Love” Youth Mission Experience Waco, Texas July 7-12, 2013

As Christians we are called to serve the world in Christ’s name, loving each person as we love ourselves and as God loves us. We invite you to join other youth from the Diocese of Louisiana for a six-day mission experience in Central Texas to share Christ’s love with communities that have suffered during the last few years from wildfires, drought and most recently a deadly explosion. In

2011 nearly 30,000 wildfires burned almost 4,000,000 acres, destroying over 2,800 homes and 2,700 other buildings in Central Texas. On April 17, 2013 an explosion at a fertilizer factory in West (near Waco) injured more than 200 people and killed [14] people. It also destroyed more than 50 homes and numerous buildings and badly damaged a school and nursing home. Basing ourselves in Waco, we will work and pray together with people in these communities as partners in Christ. We are still working with people in the area to determine how best to help but we will likely work with children’s ministries in local Episcopal churches, paint and repair homes and community buildings, and serve schools.

Please read the attached information page for more details and registration information. Contact Amelia Arthur, Coordinator for Youth & Young Adult Ministry at [aarthur@edola.org](mailto:aarthur@edola.org) with questions.

## Youth Mission Experience to Central Texas - Information Page

**Who:** All youth entering grades 7-12 in the fall of 2013 as well as graduating seniors. Adult chaperones, youth leaders, and clergy from the Diocese of Louisiana. Each parish sending youth should plan to send at least one adult (25 or older) chaperone.

**What:** A 6 day mission experience to Central Texas, based in Waco, Texas, and working with Episcopal Churches in the Diocese of Texas. The trip costs \$500 all-inclusive, with an additional \$25 spending money recommended.

**When:** July 7-12, 2013. We will leave from St. Augustine's, Metairie, LA, on Sunday, July 7<sup>th</sup> at approximately 12-noon. We will stop to pick up any participants from Baton Rouge and plan to arrive in Waco, Texas after dinner on Sunday evening. We will depart Waco early on Friday, July 12<sup>th</sup> and arrive in Baton Rouge at approximately 3:30pm, returning to St. Augustine's, Metairie at approximately 5:30 pm.

**Where:** Waco, Texas and surrounding communities, including the town of West, Texas, the town devastated by the recent explosion.

### **This sounds amazing, how do I register?**

To register just fill out the registration and permission form attached to this document and mail it to Amelia Arthur with a non-refundable \$100 deposit check made out to the Episcopal Diocese of Louisiana no later than **June 1<sup>st</sup>, 2013. The balance of \$400 is due by July 6<sup>th</sup>, 2013.** An additional \$25 in spending money is suggested but not required. **Scholarships** are available by contacting Amelia Arthur, through email at [aarthur@edola.org](mailto:aarthur@edola.org). The Diocese of Louisiana is committed to helping all youth wanting to participate in our events be able to do so. As a general rule with financial assistance from the Diocese we ask that the youth pay at least 1/3 of the cost of the event, that the parish pay at least 1/3 of the cost of the event, and the diocese pay up to the remaining 1/3 of the cost of the event but we will work with any financial situation to ensure that everyone can participate. **Scholarships will not be given to youth who register after the June 1, 2013 registration deadline.**

## **Mission Experience to Central Texas - Registration Form**

**This form must be fully completed (including necessary signatures and a copy of the insurance card) and sent with a deposit check payable to Episcopal Diocese of Louisiana in the amount of \$100 to:**

**Amelia Arthur, 1623 7<sup>th</sup> Street, New Orleans, LA 70115 by June 1<sup>st</sup>, 2013**

**If you have questions about anything on this form please email Amelia Arthur at [aarthur@edola.org](mailto:aarthur@edola.org) before the registration deadline.**

### **Youth Information**

Name: \_\_\_\_\_ Age (as of July 7, 2013): \_\_\_\_\_

T-shirt Size (adult sizes): \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade in school ('13-'14): \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Youth's Cell: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_

Policyholder name: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

Please submit a copy of each side of the youth's insurance card or policyholder card if the youth's name does not appear on the insurance card.

### **Parent/Guardian Information**

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Do the parents live together? \_\_\_\_\_

If no, with whom does the youth reside? \_\_\_\_\_

Cell (1): \_\_\_\_\_ Cell (2): \_\_\_\_\_

Parent Email: \_\_\_\_\_

### **Emergency Contact Information**

Additional emergency contact (not a parent): \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

### **Medical History and Information**

**Please complete the following questionnaire and if necessary complete the medical information supplemental form found at the end of this document.**

1. For your youth's safety and our knowledge is your youth a:

\_\_\_\_\_ good swimmer      \_\_\_\_\_ fair swimmer      \_\_\_\_\_ non-swimmer

2. Does your youth have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so please attach the medical supplement form found at the end of this document.

3. Does your youth suffer from, ever experienced, or is currently being treated for any of the following (Circle all that apply):



asthma                  epilepsy/seizure disorder      heart trouble                  diabetes  
frequently upset stomach                  physical handicap  
emotional/behavioral issues                  none of the above

If so please attach the medical supplement form found at the end of this document.

4. Date of last tetanus shot/booster (must be within 5 years): \_\_\_\_\_

5. Does your youth wear: \_\_\_\_\_glasses                  \_\_\_\_\_contact lenses  
Please send a back-up pair of glasses or contact lenses and cleaning solution if your youth wears glasses or contact lenses.

6. Should this youth's activities be restricted for any reason? Do you have any additional comments regarding the physical status of your youth? Please use the medical supplement form to explain.

**If the youth is taking any prescription or over the counter medication on a regular basis and/or if the youth has been treated for any major medical or psychological illness, injury or condition in the last two years please use the medical supplement form to explain and please list all prescription medications including dosage information.**

Parent Initial: \_\_\_\_\_

**All prescription medication must be sent with the participant in original prescription containers or alternative containers issued by a pharmacy stating the name, dosage, and birthday of the patient. The Diocese of Louisiana reserves the right to request a physician signature before a youth can participate in diocesan events.**

Parent Initial: \_\_\_\_\_

7. Is there any other information you think we should know about your youth?  
Please describe on the supplement at the end of this document.

### **General Permission Form and Rules of Conduct**

(Youth Name)\_\_\_\_\_ has my permission attend the Youth Mission Experience sponsored by the Episcopal Diocese of Louisiana (the "Diocese"). This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Diocese, its staff and volunteers assisting with this Youth Mission Experience from any liability against losses incurred by or relating to the foregoing named youth.

An important part of the Youth Mission Experience is preparing for the trip. I understand that my/our youth must be required to attend meetings or events in preparation for the trip and that if he/she does not adequately participate in the preparation, the Diocesan Youth Coordinator may exclude my/our youth from this Youth Mission Experience.

Any healthcare information provided to the Diocese may be shared with any physician, caregiver, emergency medical provider, staff, or others at the discretion of the Diocesan Youth Coordinator. The undersigned parent/guardian consents to this use of the personal healthcare information of the youth. I/We the undersigned have legal custody of the youth named above and have given our consent for him/her to attend events being organized by the Diocese. I/We understand that there are inherent risks involved in any ministry or event, and I/we hereby release the Diocese, its clergy, lay employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our youth's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Diocese, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider and will reimburse the Diocese for any amounts it may be required to pay on behalf of the youth named above. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I/we also agree to bring my/our youth home at my/our own expense should he/she become ill or if deemed necessary by the Diocesan Youth Coordinator or other adult in a leadership position at the event.

Parent/guardian signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

If age 18 or older, Youth signature: \_\_\_\_\_

**We expect each student to conform to these rules of conduct:**

No possession or use of alcohol, drugs, or tobacco.

No fighting, weapons, fireworks, or explosives.

No inappropriate sexual activity.

All youth must follow the directions of the Youth Coordinator or other adult in a leadership position.

**Youth who fail to comply with the above expectations will be sent home at their parents' expense.**

No youth should drive a car or ride in a car during a youth event unless it is part of the event program. No youth should possess a lighter or similar device at a youth event. No youth should wear offensive or immodest clothing or use offensive language. Participation with the group activity or event is expected during the entire event, participants should be at all "big group" and "small group" activities associated with the event. All participants are only allowed in their own room or living space or in large group space during all youth events, it is NEVER appropriate for youth to be in rooms of youth or adults of the opposite gender. All staff and participants should respect personal property of the participants as well as the physical property at the event. Everyone at a youth event should respect one another, the staff, and adult leaders at all times and plan to participate fully in all activities associated with the event.

**Youth who fail to comply with the above expectations may be sent home at their parents' expense.**

I, the youth, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above I affirm that I have read the rules of conduct for this event and I understand that if the youth fails to abide by these rules he/she may be sent home at my expense. I agree to comply with the decision of the Youth Coordinator and Bishop should the youth break the rules of community conduct. I also affirm that I have completed the medical and permission forms for this event to the best of my ability and I understand that by signing this document I give my permission for the youth to participate in the above named activity, I agree to pay the total cost of the event or to arrange for a scholarship for the youth to cover the cost, and I agree to all of the above stated terms and conditions listed on the permission form.

**Medical Information Supplemental Form:**

**Please describe below or on additional pages in detail the nature and severity of any physical and/or psychological ailment, injury, illness, propensity, weakness, limitation, handicap, disability, or condition to which the youth is**



**subject and of which the staff or volunteers should be aware, and what, if any action of protection is required on account thereof.**

**Please list below or on additional pages the name and dosage of all prescription and non-prescription medication that must be taken during the event. All prescription medication must be in original prescription containers or alternative containers issued by a pharmacy stating the name, dosage, and birthday of the patient. The Diocese of Louisiana reserves the right to request a physician signature before a youth can participate in diocesan events. A front and back copy of the youth's insurance card must accompany this form.**

**Please list below or on additional pages any information not otherwise covered in this Registration Form that you think we should know about your youth.**