

DREAMCENTER

HIGH SCHOOL MISSION TRIP APRIL 8-14

Parents & Students,

We're so excited to be taking a trip as a youth ministry to the LA Dream Center in Los Angeles, CA this April 8th - 14th. The Dream Center is a local-church-based organization that currently serves 80,000+ families per month. From feeding the homeless to food banks to medical services to street ministry, the Dream Center is bringing the gospel to their city by serving. You can find out more about the Dream Center at dreamcenter.org.

We will be taking a team of approximately 20 students and leaders from our youth ministry to minister in their program. Monday through Friday we'll be headed out on different missions, working in their food banks, serving homeless, working with inner-city kids, ministering in their chapels, and so much more. We'll cap it off by celebrating all God did with a day trip to Disneyland (included) and a hotel stay.

I firmly believe that this trip is not only going to be impactful in terms of what we are doing, but also in terms of the effect it's going to have on our students. I can't wait to see the change in the hearts and lives of all those who attend, and how it impacts our church. We hope that you'll prayerfully consider being a part of this trip!

Pastor Taylor Murray
Youth Pastor

TRIP DETAILS:

The deadline to apply for this trip is February 1st, as we need to secure our numbers, flights, etc. Space is limited to 20 people, so apply today!

1. COST:

\$1300 (to hold your spot, you must include your \$200 deposit)

Included: Cost of trip includes all flights, transportation, accommodations, food for the week, hotel, Disneyland, hotel, dinner out Saturday night, miscellaneous outings.

Not Included: Food on Saturday (breakfast/lunch) and Sunday (breakfast/lunch), Spending money (**minimum \$200 is required** – this will cover extra food you may want, starbucks, shopping, souvenirs, etc).

2. DATES & TIMES:

Depart SEA: Monday morning, April 8th (time TBD)

Return to SEA: Sunday evening, April 14th (time TBD)

3. FUNDRAISING

Fundraising for this trip is on-your-own, however we will provide you with some creative ideas.

Because this is a domestic trip, the cost is much lower than an overseas trip. After your deposit, if you simply raise a little over \$200 average per month, you'll be set. Here are some ideas:

Fundraising IDEAS:

● **SUPPORT LETTER** to friends and family asking for support (**we've included a sample letter for you to use as a template – you can also download @ reallifechurch.com/DREAMCENTER**).

You'd be surprised at how many people will want to support you because they believe in you and what you're doing. For our last trip, multiple students' entire tuition was covered after making 5 phone calls.

● **EARN MONEY**- Beyond relying on donations, try & earn money (i.e. finding odd jobs in your neighborhood, save each paycheck)

● **EVENTS** - Organize an event and get sponsors (i.e. car wash, garage sale)

Fundraising NO-NO's:

● A gofundme.com or other crowdfunding sites. We want to avoid overwhelming people with requests for support. If you're asking, you can assume 20 others are asking, too.

● Relying on the church to give you a fundraising opportunity. If you want to go on this trip, the time to start earning/raising money is now. Get creative and go for it!

4. PAYMENT INFO

DEPOSIT: \$100 Non-refundable deposit due w/application (goes toward tuition)

February 1st: \$300 Payment due

February 18th: \$350 Payment due

March 15th: \$350 Payment due

April 5th: Final payment of \$300 due

TO PAY: visit pushpay.com/pay/reallifechurchwa (visit this link, select *LA Dream Center Payment* and include your name in the memo)

If you have questions about payments, payment arrangements or fundraising, please don't hesitate to ask.

December 10th, 2018

Dear Friends & Family

I wanted to take a moment and share with you an exciting opportunity I've been presented with! This April, my youth ministry is going to be going on a mission trip to the Los Angeles Dream Center. The Dream Center is a local-church-based organization that currently serves 80,000+ families per month in the LA community. From feeding homeless to food banks to medical services to street ministry, the Dream Center is bringing the gospel to their city by serving it.

We will be partnering with their organization and just jumping in to ministry there. We'll get a chance to see what it's like to make a massive organization work. We'll be working in different areas each day we're there. Some days we'll be doing work projects, other days we'll be cleaning up the streets, and on other days we'll be bringing food to the people who live on the streets. This is going to be such an impactful trip, and I'm excited to be a part of it!

My goal for trip is not to simply mark of the checkbox of going on a mission trip. Rather, I believe that it's an opportunity to not only bring hope to others, but to allow God to take me to the next level in my walk with Him. Stepping out of my normal element can be scary for me, which is why this trip is such a good opportunity! I know that I'll be stretched, challenged, even afraid at times, and in those moments I'll need to depend on God!

Here's where you come in. I can't do this trip alone. First, I'll need your prayer that God guides this process, protects us when we're there, and ministers in & through us. Second, I need financial support. This trip is a few short months away, and in that time I'll need to raise \$1300. It may sound like a lot, but I know that a lot of people chipping in a little can go a long way. I hope you'll prayerfully consider being a part of this journey with me, whether in prayer, in finances, or both!

God Bless!

I, _____, would like to support _____ financially with a gift of \$_____. Check enclosed Cash enclosed Will give in person Will give online

***SUPPORT ONLINE:** visit reallifechurch.com/GIVE (click the giving button), select LA Dream Center Payment and include my name in the memo

***SUPPORT VIA MAIL:** Use the address below:

Real Life Church, ATTN: My Name
26201 180th Ave. SE
Covington, WA 98042



DREAMCENTER

*Attach
Photo
Here*

PLEASE TURN IN TO MIKAYLA IN PERSON OR via mikaylamcclain@reallifechurch.com
**You must be 15 y/o or older by the time we leave for this trip – questions? Let us know.
Fill this application out completely and honestly. By signing on the bottom of the page you are saying that all the information included is true to the best of your knowledge. Please attach a photo of yourself and submit it to Mikayla McClain as soon as possible. The sooner that you turn this application back into us, the better chance you have of reserving a spot on the team.
Space is limited so apply now. A \$100 Deposit is due with application*

GENERAL INFORMATION			
Name		Birthdate	Age
Gender	Trip applied for		
Address		Phone	Cell Phone
City	State	Zip	Email (please print clearly)
Father's name (if under 18)		Mother's name (if under 18)	
Contact number		Contact number	
Address			Phone
City	State	Zip	Email
Do you have a valid passport?		Expiration date	Passport number

How long have you been involved in RLC/UNDIVIDED? To what level is your involvement?

Like most mission trips, this one costs money. Are you confident in your ability to raise your own funds and support, without relying on people in our congregation? Explain

In what areas of your life do you feel God wants to work on with you right now?

What role do you expect this trip will play in your spiritual growth?

Have you been on a mission trip before? If so, please share where to, what you did, some challenges you experienced, and how you overcame them.

Mission trips equate to spending an extended period of time in close proximity with the same people. Buttons might get pushed, feelings hurt and people annoyed. Explain a situation like this that you've experienced and how you dealt with it.

PERSONAL CONTRACT & COMMITMENT

- I commit to participating in all pre-trip planning and training sessions, or as many as possible.
- I commit to maintaining a servant's heart throughout my experience.
- I will submit to whatever leadership is placed over me, whether our staff or the other organization
- I understand that if I break my contract at any point, the leaders of this trip reserve the right to send me home at any time, and at my own expense.
- I understand that my deposit is non-refundable after December 1.

You will be notified as to whether you're accepted or not within two weeks of applying. If you have any questions, please don't hesitate to email Pastor Taylor at taylor@reallifechurch.com.

Applicant's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

Parent only needs to sign if attendee is under the age of 18

ASSUMPTION OF RISK FORM

Note: This is for use by adults and minors who participate as a Missionary-Volunteer for The Dream Center may not have insurance to cover injuries or accidents that occur while acting in a Missionary-Volunteer capacity, and it has no means of adequately supervising all Missionary-Volunteer activities, we ask Missionary-Volunteers to assume all risks associated with them as a condition of their participation. **When used to release minor, have the minor's name in the volunteers slot and the parent sign the signature line.**

I, _____ (name of volunteer), in consideration of my acceptance as a Missionary-Volunteer of The Dream Center, 2301 Bellevue Ave., Los Angeles, CA 90026, represent and agree that:

- 1. I am a volunteer worker and not an employee of The Dream Center.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment as a Missionary-Volunteer with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release The Dream Center and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a Missionary-Volunteer.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in The Dream Center as a Missionary-Volunteer, as described above. I further understand that The Dream Center may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation as a Missionary-Volunteer, and if I desire insurance coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Date _____ Signature (parent if minor) _____
Address _____
City _____ State _____ Zip _____

Witness _____ Witness _____
Address _____ Address _____
City _____ City _____
State & Zip _____ State & Zip _____

DREAM CENTER MEDICAL INFORMATION

NAME _____ DATE OF BIRTH: _____

In case of Emergency, Please notify (i.e. parent, relative, etc):

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE (HOME/CELL) _____ (WORK) _____

MEDICAL CONDITIONS _____

MEDICATION CURRENTLY TAKING _____

ANY KNOWN ALLERGIES _____

BLOOD TYPE, if known _____

PHYSICIAN'S NAME _____

ADDRESS _____

TELEPHONE _____

MEDICAL INSURANCE OR MEDI-CAL _____

INSURANCE # _____

2301 Bellevue Avenue, Los Angeles, CA 90026

PARENTAL CERTIFICATION, CONSENT AND RELEASE

I, _____ am the parent or legal guardian of (print minor's name) _____, who was born on _____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

As a parent or legal guardian of (print minor's name) _____, I certify and affirm that I have been completely and thoroughly informed that as youth attending The Dream Center, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- | | |
|---------------------------------------|--|
| Physical activities, both indoors and | |
| 1.outdoors | 5. Travel by automobile |
| Sports, both informal and | Activities in low-income and poverty |
| 2.organized | 6.communities |
| | Evangelizing on Skid Row (homeless community |
| 3.Use of recreational equipment | 7.Downtown) |
| 4.Ministry, both on and off campus | 8.Construction and maintenance projects |

I acknowledge and understand that The Dream Center may offer other activities. I acknowledge and understand that this PARENTAL CERTIFICATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that The Dream Center shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me or my family, heirs or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm injury, or damage that may befall my child, me, or my family, heirs, assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release The Dream Center from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, me, or my family, heirs, or assigns in all suits and actions that may be instituted against The Dream Center, its agents, servants or employees for injuries or death to my child, whether or not same resulted for the negligence of The Dream Center, its agents, servants, or employees, or due to the contributory negligence of my child.

I understand that it is my obligation to inform the management of The Dream Center of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving The Dream Center or its programs.

I have fully informed myself of the contents of this PARENTAL CERTIFICATION, CONCENT AND RELEASE by reading it before I signed it.

Dated: _____ 20_____

(Signature of Parent or Guardian)

(type or print name)

Risk Form #4 (REQUIRED FOR MINORS ONLY)

CONSENT FOR MEDICAL TREATMENT OF MINOR

I, _____ am the parent or legal guardian of
_____ who was born on _____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of _____ or any health care professional duly licensed to
(California)

provide health care services in the State of _____ for medical care & services
(California)

deemed necessary by the _____, its agents, servants, &
(Dream Center)
employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to the _____ that no permission or consent from any
(Dream Center)
other person is required by law.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of The Dream Center of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving The Dream Center.

Dated _____

(Signature)

(Typed or Printed name)

Should the need for medical attention arise The Dream Center, Inc. will attempt to contact you, as soon as practicable under circumstances.

RLC LIABILITY RELEASE FORM

Real Life Church – 26201 180th Ave. SE - Covington, WA 98042 – 253.631.4163

This release form is good for the year of 2019

NAME _____ BIRTH DATE _____

PARENTS NAME _____

ADDRESS _____

CITY _____ ZIP _____ PHONE# _____

CELL PHONE: _____

IN AN EMERGENCY NOTIFY _____ PHONE# _____

DOCTOR _____ PHONE# _____

HEALTH HISTORY:

Allergies and other conditions:

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Drug | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Food |
| <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Physical Handicaps |

Are any of these conditions or reactions life threatening? Yes No

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions, daily medications):

If applicable, date of last Tetanus shot: _____

Name and dosage of any medications that must be taken:

Any swimming restrictions: Yes No Any activity restrictions: Yes No

Please expand: _____

Insurance Information:

Carrier's Name: _____ Policy # if available _____

Please check the appropriate spaces:

I do _____ do not _____ give permission for my child to be given:

Tylenol ____ Ibuprofen ____ Benadryl ____ at my child's request.

I give my permission to Real Life Church and its leaders to obtain any emergency medical treatment they deem necessary to my child/teen's well being. I release, forever discharge, and agree to defend, indemnify and hold harmless Real Life Church, its staff and its leaders from any and all claims, demands, or causes of action, which are in any way connected with my child/teen's participation in an activity, including injuries or damages.

Parent/Guardian Signature

Date