

**MEXICO MISSION TRIP PARTICIPANT YOUTH FORM**  
**OUR HANDS – GOD’S WORK**

Please print clearly!

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE INDICATE YOUR AGE-**

\_\_\_\_\_ I am in high school, age 13 – 18

\_\_\_\_\_ I am a Young Adult, age 18 – 25

\_\_\_\_\_ I am an adult, age 26 and above

**T- SHIRT SIZE**

Adults - S M L XL

Youth - M L

CIRCLE ONE

Please list all relatives traveling with you on Mission Trip.

\_\_\_\_\_  
(Full name and relationship, list on back of form)

Do you speak Spanish? A little \_\_\_\_\_ Some \_\_\_\_\_ Fluent \_\_\_\_\_

Do you have a van/suv that can seat 6 people you can drive to Mexico? \_\_\_\_\_\*

\*(You will get a \$300 discount on your fee & reimbursed for your Mexico Insur.)

Can you donate any gas for the Mexico trip? \_\_\_\_\_

**RELEASE OF LIABILITY/CONSENT**

I have volunteered to participate with St. Mary Youth Group, Gilroy on a Mission Trip. I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging St. Mary Parish, the Diocese of San Jose, and all individuals/organizations associated with the trip, from any and all reason of injury, damage (including property damage to any of my belongings or my vehicle if I choose to take one), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on the Mission Trip.

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness, and image, in any and all media worldwide, by St. Mary Parish, The Diocese of San Jose and/or any missionary organization while on the Mexico Mission Trip.

Participant

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

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Required for participants under age 18



**Saint Mary Mexico Mission  
VIDEO AND PHOTO CONSENT**

**Date:** \_\_\_\_\_

**Participant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact phone numbers Home: \_\_\_\_\_

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

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

**If under 18: Parent/Guardian:**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Parent/Guardian Contact phone numbers Home: \_\_\_\_\_

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

\_\_\_\_\_  
Parent or Guardian Signature

I hereby grant permission for my child to be photographed and/or videotaped during the mission. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Mexico Mission youth program.



**Saint Mary Mexico Mission  
Medical Permission and Release Form**

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

**Participant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact phone numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

**If under 18: Parent/Guardian:**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Parent/Guardian Contact phone numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Primary Health Care/Insurance Provider:**

Doctor/Other \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**Present Medical History**

Drug Allergies/Sensitivities: \_\_\_\_\_

Other Allergies: Food \_\_\_\_\_ Bee \_\_\_\_\_ Animal \_\_\_\_\_ Other \_\_\_\_\_

Describe reaction and treatment: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**Present Medical History (continued):**

Please check all that apply:

Asthma                      Diabetes                      Seizure Disorder                      Mental Health Condition

Bleeding Disorder                      Heart Condition                      Physical Disabilities

Frequent:    Headaches    Nose Bleeds    Stomach Aches

Do any of these limit/affect daily activities? If yes, please explain \_\_\_\_\_

**Medications:**

Medication Requirements:

◆ All medications must be in original pharmacy labeled container with participant's name, dosage, route and frequency (include asthma inhalers, Epi Pens, and all regular or occasionally taken medication).

◆ Provide only amount of medication needed for duration of trip.

◆ Do you take prescribed or over the counter meds? \_\_\_\_\_



◆ If yes, please provide a printed list of meds with the name, dosage, frequency and reason to take if the form below is not sufficient. Please print clearly all information including all **over the counter** medication.

Medication	Dosage and Route	Frequency	Reason to take
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

Over the Counter Medications (Tylenol, Ibuprofen, Tums, Imodium, etc.) are brought to Mexico in case they are needed for headaches, stomach illness, wound treatment and can be administered by Mexico Mission staff with your written permission.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

### Release Form

I request that the Saint Mary Parish of Gilroy, Youth Ministry, permit my child (or myself if adult) to participate in the Mexico Mission Trip to be held in Tijuana, Mexico. I understand that reasonable precautions will be taken to safeguard the health and wellbeing of participant, and that parent/spouse will be contacted immediately in the event of an emergency.

In case of sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental or medical treatment and hospital care to be rendered to my child (myself if adult) under the general care and advice of any physician, dentist or surgeon licensed to practice medicine. All attempts will be made to travel to an American hospital if time allows. I further consent and authorize trip coordinator to seek immediate emergency medical treatment at whatever facility he/she deems appropriate if necessary.

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

**Parent Signature (if participant is a minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DISCIPLINE POLICY

You will receive a warning for the first offense and a call home for the second for:

- Inappropriate behavior of any kind (including foul language).
- Failure to adhere to participant rules and guidelines.

You will receive an immediate call home for the following actions:

- Breaking curfew- not in bed/tent at bed check- 10:00 p.m.
- Leaving camp or work site at any time\*
- Continued failure to adhere to guidelines after first warning

You will be removed immediately from the Mission Trip for the following actions:

- Fighting of any kind
- Vandalism\* (destruction of property, arson\*)
- Continued failure to adhere to guidelines following a call home.
- In possession of weapons\*, drugs, or drug paraphernalia, or any item on the Do Not bring list.

\*Can result in legal action

Immediate removal from trip will require parent to arrange urgent transportation home. Young Adults will be asked to leave under their own responsibility.

The Mission Trip coordinator has the authority to enforce any disciplinary action at any time.

I have read and understand all Mission Trip Rules and Discipline Policies

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Print name

Date

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Participant signature

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Parent signature

**St Mary's Youth Group Mexico Mission Trip, 11 First St. Gilroy, CA 95020, (408) 847-5151**  
**GUIDELINES & RULES FOR ALL PARTICIPANTS**

Guidelines are to ensure the safety and well being of all Mission Trip participants.

Please remember you are representing St. Mary Parish, The Diocese of San Jose and St. Mary Youth Group. We ask you to take this responsibility seriously. Your actions reflect on the group as well as the adults who sponsored you.

It is YOUR responsibility to be aware of all policies. Parents are responsible for arranging immediate transportation home in the event of your removal.

**ALL RULES WILL BE STRICTLY ENFORCED!**

~You are required to wear shirts and shoes in all areas, at all times.

~No immodest dress of any kind. Work clothes will consist of jeans, work boots (or athletic shoes) and tee shirt. NO tanks, baggy pants, visible underwear, inappropriate slogans. Camp clothes- shorts and modest dresses ok.

~While at camp and building sites you are required to socialize in public areas only.

~At NO time will anyone be allowed to "wander". All participants must remain at work site or within the living compound. Bathroom runs will be made in groups.

~Please keep noise levels to a minimum to be respectful of those around you, especially in sleeping areas/living areas. Be mindful of the environment around you.

~Please deposit trash in trash cans at camp and work sites. Pick up after yourself.

~Please respect your fellow participant's right to privacy, possession and peace and quiet (No physical or emotional abuse of others will be accepted).

~In larger sleeping areas, no one may enter areas off limits (Boys room/ Girls room)

~Students will respect all adult chaperones, respond to direction and follow all policies.

**°No foul language at any time either at the compound or the worksite.**

~Cell phones & ipods are for U.S. car travel time only. These items must be stored while in Mexico. Ipods may be used at bedtime (quietly) only. Immediate confiscation of items if found in use. NO cell phone use while in Mexico.

~I understand power tools may be present. Only the **authorized** adults will be permitted to operate. AT NO TIME WILL **ANY MINOR** BE ALLOWED TO OPERATE POWER TOOLS.

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I have read and understand all Mission Trip guidelines.

\_\_\_\_\_

Print name

\_\_\_\_\_

Date

\_\_\_\_\_

Participant signature

\_\_\_\_\_

Parent signature

# ST MARY PARISH YOUTH MEXICO MISSION SAFETY PROGRAM

The St. Mary Parish Mexico Youth Mission Safety Program will be gone over at the mandatory meeting before leaving for the mission in June. All volunteers will be sent this program by email and all must sign and return the signed copy by the mandatory meeting in May.

I have read and agree to all of following above.

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**Volunteers Signature**

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**Date**

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**Volunteers Printed Name**

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**If Volunteers is minor, Parent Signature**

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**Date**

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**Parent Printed Name**

## Passport/Medical Info Sheet

**1.**

PLEASE ATTACH A COPY OF YOUR  
CURRENT MEDICAL COVERAGE CARD  
(If you went on a previous Mexico trip and the  
card is still the same, please email Clorete at  
[cloretealmeida@gmail.com](mailto:cloretealmeida@gmail.com) and I will use the  
one I have on file)

**2.**

PLEASE INCLUDE A COPY OF YOUR  
PASSPORT (PICTURE SHOWING)  
(If you went on a previous Mexico Mission and the  
passport has not expired, we will use the one we  
have on file)

**SORRY, WE WILL BE UNABLE TO ACCEPT  
YOUR REGISTRATION WITHOUT A VALID  
PASSPORT.**

For passport Info contact:  
City of Gilroy, Gilroy Post office or ONLINE [www.travel.state.gov](http://www.travel.state.gov)

PASSPORT EXPIRED or about to expire? Please Renew and allow enough time for  
processing.



## **PACKING LIST**

- VALID PASSPORT
- SLEEPING BAG, BLANKET & PILLOW
- TOILETRIES- TOOTHBRUSH, TOOTHPASTE, LIQUID SOAP & SHAMPOO
- TOWEL & WASHCLOTH
- FLASHLIGHT WITH EXTRA BATTERIES
- SUNGLASSES
- HAT AND/OR VISOR
- SUNBLOCK
- WORK SITE CLOTHES – LONG PANTS AND TEE-SHIRT OR LONG SLEEVE SHIRT (**NO TANK TOPS ALLOWED AT JOB SITE**)
- WORK SHOES- TWO PAIR- WORK BOOTS AND ATHLETIC SHOES
- BATHING SUIT & COVER UP FOR SHOWER (NO STRING BIKINIS)
- WARM CLOTHES FOR EVENINGS
- CAMP CLOTHES- SHORTS AND DRESSES OK- no immodest dress!
- SLEEP WEAR
- SHOWER SHOES (FLIP FLOPS) & CAMP SHOES
- JACKET & SWEATSHIRT
- SPENDING MONEY
- CAMERA & FILM (DISPOSABLE WORKS BEST)
- BUG REPELLENT (SPRAY OR LOTION)
- WORK GLOVES- good fitting
- JOURNAL & PEN- optional

Please carry only a small backpack with you for the trip down to Mexico  
Passport, cash, meds, snacks, water, sweatshirt, personal needs only

**ALL ITEMS MUST BE CLEARLY MARKED WITH YOUR NAME. USE DUCT TAPE TO MARK LARGER ITEMS.**

### **DO NOT BRING:**

Alcoholic beverages, illegal drugs or drug paraphernalia, cigarettes, lighters, matches, pocket knives, weapons, electronics, Blow dryers, curling irons, electronic devices.

\*\*\*\*\*If in doubt- leave it at home.