

ST. MARY YOUTH GROUP

MEXICO MISSION TRIP 2020

JUNE 21 – JUNE 27, 2020

COST: **\$700** PER PERSON -\$50 DEPOSIT DUE WITH REGISTRATION

INCLUDES: 6 NIGHTS, FIVE DAYS, ALL MEALS & TRANSPORTATION

DESTINATION: TIJUANA, MEXICO – COLONIA LA MORITA

CONTACTS:

Afonso Almeida (408) 482-2220 – Coordinator (Afonsoalmeida58@gmail.com)

Clorete Almeida (408) 482-0554 – Registration & Co-coordinator
(cloretealmeida@gmail.com)

Cat Tucker (408) 427-1546 Registration & Co-coordinator – (cattatak@aol.com)

IN ORDER TO BE CONSIDERED A PARTICIPANT IN THE MISSION TRIP- PLEASE INCLUDE THE FOLLOWING –

---- IF THIS IS YOUR 1ST TRIP YOU MUST BE AT THE MANDATORY MEETING IN MAY (NO EXCEPTIONS EVEN IF YOUR ACCOUNT IS PAID IN FULL)

All forms are available at the Parish office (Youth Group Box)
or by visiting the Mission website at www.stmarymissiontrip.com

\$50 Deposit (entire \$100 dep. Is non-refundable after **May 1, 2020**)**

Parental Permission and Medical Release

Participant Form

Participant Guidelines Form

Chaperone Form (adults only)

Discipline Policy

Copy of Safety page

Copy of Passport* - Required for re-entry to the U.S.

Copy of current Medical Card

Copy of DL, Youth Protection training, fingerprinting & (adults only)

Adult application form (All new adults going this year)

Completed packets only may be turned in to the Parish office Youth Group Box or given to Mission Co-coordinators.

**A second \$50 dep. balance will be due at the January meeting. You may use any fundraising money you earn before January to go towards the \$50 balance due in January.

MEXICO MISSION TRIP PARTICIPANT 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
Medical Permission and Release Form**

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 # _____

Emergency Contact Information (will attempt to contact parent first)

Name: _____ Home: _____

Relationship: _____ Cell: _____

Name: _____ Home: _____

Relationship: _____ Cell: _____

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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Physical Disabilities | |
| Frequent: <input type="checkbox"/> Headaches | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> 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.
- ◆ Please ensure that your participant is capable of self administering his/her medication, if that is what you choose.
- ◆ All medications to be self administered for participant must have parent signature of written authorization completed on this form. Otherwise, medications will be administered by Mexico Mission staff.

Medication Chart:

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

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, 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

Print name	Date
Participant signature	Parent signature

St Mary's Youth Group Mexico Mission Trip, 11 First St. Gilroy, CA 95020, (408) 847-5151

DISCIPLINE RULES FOR SERVICE HOURS

This year we are changing the rules for earning Community Service hours.

Throughout the week of the Mission the site foremen and the Camp Director will be observing your behavior to be sure all the good conduct rules are being followed. If you are not following the rules (for example, not participating in the evening group sessions, not helping build the houses, bullying or being disrespectful to others, or being disruptive with a bad attitude) then you will be given a warning to improve.

If the same behavior continues after you have been warned then you will be told at the end of the week that depending on the severity of the issue, you either earned only partial hours or did not earn hours at all.

I have read and understand all Mission Trip Rules and Discipline Policies needed to receive my school service hours.

Print name

Date

Participant signature

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.

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.

Volunteers Signature

Date

Volunteers Printed Name

If Volunteers is minor, Parent Signature

Date

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 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

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.