

central presbyterian church  
mission trip application  
2018



please use ink to complete this form

Event: HIGH SCHOOL YOUTH MISSION TRIP – Risingville, NY  
Date: June 23 – 30, 2018

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student Email address: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Cell # (parent): \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Family Email address: \_\_\_\_\_

## Section II. Consent & Release

The following student, \_\_\_\_\_, has my/our permission to apply for participation in the mission trip described above which is sponsored by Central Presbyterian Church (CPC).

I/we the undersigned have legal custody of the above minor student(s), and I/we give our consent for him/her to apply for participation in this mission trip being organized by CPC. I/we understand there are inherent risks involved in any ministry, social or athletic event and I/we hereby release CPC, its pastors, employees, agents and volunteer workers from any and all liability for injury, loss or damage to person or property that may occur during the course of my/our child's involvement.

In the event that my child may not be able to attend this mission trip, I/we the undersigned agree that the \$200 deposit will only be refunded if a replacement participant can be found.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

- **RETURN FORM *PLUS* \$200 DEPOSIT FEE to:**

- **DUE DATE: February 15, 2018**

**Pat Haddon  
One Partridge Run  
Hampton, NJ 08827**