



Information & Registration Forms

Grades: 8 through 12
Sunday July 22 – Saturday July 28



What will we be doing?

When you think about Minneapolis, your mind may wander to cold nights and snowy months. But when summer rolls around, everything changes. People head to the lakes or go outside to enjoy the city's wide range of entertainment and recreation options: world-class museums, breathtaking architecture, distinct international culinary flare, and the Mall of America—the largest shopping complex in the country, which also has its own indoor theme park.

But the city has its challenges too: people who are homeless, families that can barely pay the bills each month, homeowners that face fines for not cleaning up their yards or painting their garages, children at risk of falling into bad situations because of too much free time on their hands during the summer months.

If you come on our Summer Mission Trip, you'll have the chance to minister to the "least of these" that Jesus described in Matthew 25. They are the homeless and hungry living on the streets, the senior citizens in need of help with home care, the children who need help learning to read, the members of a small inner-city church who want to make a difference in their community but doesn't have the resources to do it on their own.

Where will be staying? Springhill Suites (Eva, Denita) - 4 miles west of downtown - 12 rooms (6 per room), free hot breakfast, free parking, refig and microwave in room

How much does it cost? \$650

What are the dates of installments for the trip?

\$200 to reserve your spot

\$250 April 1, 2018

\$200 June 1, 2018

Will there be fundraisers to help? Yes

How many are coming? We are expecting 50.

How will we get there? Vans

What do I need to do to sign up:



2018 REGISTRATION

Cost is \$650 with a \$200 down payment to secure spot - maximum amount: 50 students

Parent Info

Parent/Guardian Name(s): _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Cell phone carrier _____ *(this allows for text messaging)*

Youth Info

First & last name: _____
 Youth email: _____
 Cell Phone: _____
 Youth cell phone carrier: _____ *(allows for text messaging)*
 Age: _____
 Year in school: _____
 Name of school: _____

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Office use

\$200 downpayment date _____	type _____	amount _____	balance due _____
Other payments: Date _____	type _____	amount _____	balance due _____
Date _____	type _____	amount _____	balance due _____
FINAL payment: Date _____	type _____	amount _____	balance due _____



Minnesota Mission Trip
Medical Waiver 2018

WAIVER

This form will be kept on file for the duration of the Summer Youth Trip to the Minneapolis, from July 22 - July 28, 2018

I, the Parent/Guardian of _____ (youth name)

Youth DOB _____ 2018-2019 School Grade _____,

hereby give my approval for his/her participation in any and all activities of Fox Point Lutheran Church during the Summer Youth Trip to Minneapolis, July 22-28, 2018. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, and indemnify the church, its servants, and participants, as well as transporting the above named youth to and from related activities, for any injury or action resulting in a medical claim. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it become necessary.

I also assume responsibility of all medical expenses incurred. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Parent/Guardian Name(s): _____

Cell Phone: _____ belongs to: _____ (name)

Cell Phone: _____ belongs to: _____ (name)

Address: _____

Emergency Contact Person (other than parent/guardian):

Phone: _____ Relation to Child: _____

Insurance Company: _____

Policy Number: _____

Insurance ID Number: _____

Physician's Name: _____ Phone Number: _____

Known Allergies including food allergies:

Special Medical Conditions/Concerns: _____

Medications (instructions/dosages): _____

Date of last tetanus shot: _____

Parent/Guardian Signature: _____ Date: _____