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Central Region Mission Trip

When: July 8 (Sunday) to July 14 (Saturday)

Where: Toronto, ON

Cost: \$575.00 –Students

Adults receive \$40 off per student (max 7 per adult...see below for more info)

Deadline : Forms and first payment to district by November 1st

Additional Cost

Each local church will be responsible for getting their group to and from Toronto. There will be 'some' need for transportation while in Canada, but we will also have public transit passes for various events. Meals will be up to local groups and/or students on travel days to/from Toronto
Passports

Adult Cost

- Adults can get up to \$280 off their trip.
- \$40 off per student going with a max of 7 students per adult
- Example...if a church is bringing 10 students and 2 adults
- The 2 adults can split the \$400 between each adult
- Example 2...if a church brings 20 students and 2 adults
- The 2 adults can split the \$560 (14 students @\$40 per student) off the adult cost

What

We've been asked by Ephraim's place in Toronto to help with a project initiative to help various families with work projects around their house.

Things to bring

bathing suit, work clothes, sport clothes, lounge clothes, Bible, work gloves, toiletries, money for food on travel days, passport

Lodging/meals

- We will be staying in a hotel in Toronto
- We will be eating breakfast at the hotel, lunch with the family of the house we are working each day, and dinner will be catered in

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Passport

You will need these to leave the country. Don't wait

Payment Plan

- November 1: \$100 deposit (non-refundable)
- December 1: \$100
- February 1: \$100
- March 1 : \$100
- April 1 : \$100
- June 1 : \$75
- Send all forms and money to Eric Wood
2702 E. Glendale Blvd, Valparaiso, IN 46383
Checks made payable to "NWIN NYI"

Schedule

- Sunday: July 8th: Travel
- Sunday: July 8th : Orientation/service 8:00 PM EST
- Monday-Friday: Work projects
- Saturday, July 14 : Excursion (TBA)
- Saturday, July 14th : Travel

Misc Info

- Some details are still being tweaked by the region. We will work the bulk of the day, but each night may bring something a little different
- There may be time to explore the city, catch a game, worship together, etc...those details are coming later
- The first thing to be at is the service/meeting on Sunday night, at 8:00 PM est. You will have to consider your travel plans to ensure you are at this meeting (consider the drive time and time at the border)

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What to expect:

There are three things we take very seriously on a mission trip

- **Work ethic:** While there will be many times to rest and relax, we are there to work...more importantly serve. We are never really 'off-duty' when it comes to the mission work.
- **Attitude:** you will see many things you are not used to, but that's ok. Our attitudes need to be in check so that we can do our best work in witnessing to others and to each other.
- **Motive:** We do not appreciate those who are going just to get away from the NWIN area for a week. We are going primarily to serve God and point anybody and everybody to Him.

We are very excited about this year's mission trip to Toronto. For many of you this will be the first time out of the country and it's a big deal! A brand new experience. The cool thing about Toronto is the most ethnic and culturally diverse city in the entire world. Hundreds of cultures make up the metropolitan area and provides a very unique opportunity.

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PERSONAL INFO FOR ALL PARTICIPANTS

Name :: _____

Address :: _____ Gender :: MALE FEMALE

City :: _____ State :: _____ Zip :: _____

Age :: _____ Date of Birth :: _____ Adult :: _____ Student :: _____

Phone :: _____ Alt. Phone :: _____

FOR YOUTH PARTICIPANTS ONLY

Parent/Guardian Name :: _____

Phone :: _____ Alt. Phone :: _____

EMERGENCY CONTACT FOR ALL PARTICIPANTS

Name :: _____ Phone :: _____

Alt Phone :: _____ Relationship :: _____

STUDENTS STATEMENT OF UNDERSTANDING

I understand that the following items and activities are prohibited during the NWIN NYI Leadership Summit and will result in the immediate dismissal from the event without refund at the cost of my parents/legal guardians.

- | | |
|-------------|--|
| Alcohol | Fireworks |
| Tobacco | Fighting |
| Drugs | Going into the opposite sex's facilities |
| Pornography | Inappropriate attire |
| Weapons | Inappropriate displays of affection |

Student's Signature

Date

Parent's Signature

Date

PARTICIPATION AGREEMENT
MEDICAL AND CIVIL LIABILITY RELEASE

EACH PARTICIPANT MUST COMPLETE THE RELEASE FORM



RefreshToronto

MEDICAL HISTORY

List any medical problems ::

Allergies ::

Past Surgeries ::

Names of medications and dosage you will be taking ::

List any medications you are allergic to ::

INSURANCE INFORMATION

Name of health insurance company ::

Policy # :: _____ Phone :: _____

Name of responsible party ::

Phone :: _____ Alt. Phone :: _____

Doctor's name :: _____ Phone :: _____



If there is no insurance information listed
this form must be completed.

As _____ (name of minor) ("Student") is not covered by any type of health insurance policy or program, I _____ (name of parent or guardian), on behalf of Student, hereby guaranty payment for any fees, expenses or costs related to the medical treatment of Student in connection with Student's participation in the Toronto Mission Trip 2012 . I understand and acknowledge that I may be asked to provide further guarantees of payment to health care professionals and institutions which provide medical treatment to Student.

I also acknowledge that neither General Board Church of the Nazarene nor Nazarene Youth International is responsible for the cost of Student's medical treatment and I shall indemnify, defend and hold harmless General Board Church of the Nazarene, Nazarene Youth International, their respective officers, directors, employees, or agents, from and against any and all claims which may be made as a result of my failure to provide payment for Student's medical treatment.

Signature _____

Date _____

Relationship to Student _____

The following section must be completed by a Notary Public

Before me, a Notary Public, in and for said County and State, this ____ day of _____, 20____, personally appeared before me and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE OF _____

COUNTY OF _____

Notary Public Signature _____

Commission expiration date _____

Notary seal:



I _____, the legal guardian of _____
(Parent/Guardian) (Student's Name)

or, I, an adult participant _____ do hereby give permission to the leadership and staff of NWIN NYI Church of the Nazarene and/or its representatives to care for the administration of general first aid treatment and emergency treatment such as x-rays, medical, surgical, or dental for injuries received to teen or adult participant during the event. I hereby give permission to the leadership of NWIN NYI Church of the Nazarene and/or its representatives to summon any and all professional emergency personal to attend, transport and treat my teen or adult participant. I agree to pay any cost to a transport company, hospital, or doctor, that this action may incur. I also understand that this event will require my teen to make choices and to keep a schedule, and that they may not be under direct adult supervision at all times. Furthermore, I understand that there is a certain amount of risk in attending any teen event and my teen has permission to attend this Summit. Furthermore, the use of tobacco, alcohol, or other drug will not be permitted. Use or possession of these items will result in dismissal from the event. I agree to release and hold harmless any and all staff and representatives of NWIN NYI Church of the Nazarene from all claims, suits, costs, and actions of any kind whatsoever arising from their exercise of the power granted by this authorization, unless due to verifiable negligence.

To whom it may concern::
The undersigned hereby give permission to any hospital, medical facility, and doctor to give out any and all medical/condition information (for teen/adult participant) to the NWIN NYI Church of the Nazarene and its representatives.

Parent/Guardian or Adult Participant :: _____ Date :: _____

This release is in effect :: July 8 (Sunday) to July 14 (Saturday), 2012



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PERMISSION TO OBTAIN A BACKGROUND CHECK

(This form authorizes the church to obtain background information and must be complete by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant, authorize _____ to
Church Name
procure background information about me. This report may include a social security number
verification; present and former addresses; criminal and civil history/records; and the sex offender
records.

I understand that upon my request, I am entitled to a complete copy of any information report of which
I am the subject, if such request is made to _____ within a reasonable time from
Church Name
the date it was produced. I also understand that I may receive a written summary of my rights under
the Fair Credit Reporting Act.

Signature: _____ Date: _____

Please Print or Type

First name

Middle Name

Last Name

Maiden Name/Alias

Address 1

Address 2

City

State

Zip

Social Security Number

Date of Birth

Drivers License #

DL State

DL Expires

Other states lived in

()

()

Phone

Cell phone

e-mail