



Mission Trip 2020 Dulce, New Mexico

JICARRILLA APACHE Nation
July 13th - 18th

PARTICIPATION INTENT FORM

Deadline to Commit:

December 1st

Details:

Who: All high school youth; includes incoming freshmen for Fall 2020 and graduating seniors in 2020

What: Mission Trip 2020

Where: Dulce, New Mexico with the Jicarrilla Apache Nation

When: July 13-18th

Cost: \$600 per person, \$95 deposit is due by December 1st to secure your spot.

Fundraising: By turning in your intent form with payment of \$95 deposit, you are also agreeing to participate in fundraising activities that include but not limited to working the Grounded in Faith Coffee cart on Sunday mornings. A parent is required to be scheduled as the supervisor during the cart being opened.

Website: Visit <https://www.shinecatholicmissions.com/> to learn more about the organization we are working with and details about our specific trip to Dulce, New Mexico

Notification:

Please return your signed form to Angelle Schott by **December 1st along with \$95 nonrefundable deposit** Questions, please contact Angelle @ 720-842-4116 or email aschott@avemariacatholicparish.org

*Tell the rich in the present age not to be proud and not to rely on so
uncertain a thing as wealth
but rather on God, who richly provides us with all things for
our enjoyment.
Tell them to do good, to be rich in good works, to be generous,
ready to share,
thus accumulating as treasure a good foundation for the
future, so as to win the life that is true life.
1Timothy 6:17-19*

PERMISSION SLIP

I hereby give permission for my child/children, _____ to participate in the activity described below:

Title of Activity: Ave Maria Work Camp

Description of Activity: Mission Work in Dulce New Mexico through SHINE Catholic Missions

Supervisor of Activity: Angelle Schott

Date and Time of Activity: July 13-18th

Method of Transportation: Chaperones needed 1 per 5 youth going and will also be asked to drive to Dulce, New Mexico

Tee-shirt size (circle one): S M L XL

Cost: \$600 – MUST PAY \$95 deposit to hold your spot

My child or children has/have no medical or physical limitations which might limit his/her or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible for any injury, harm, or property damage caused by my child to children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or be returned home by appropriate means, at my expense.

Date

Signature

Printed Name

Email Address

Address

Emergency Phone Numbers

Please return form by: **DEC 1st**

ACTIVITY RELEASE

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

_____ waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

_____ Date _____ Signature _____

_____ Date _____ Signature _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

_____ Date _____ Signature _____ Date _____ Signature _____

*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.

EMERGENCY CONTACTS:

Please note: Emergency Contacts are NOT parents.

Name _____ Relationship to student _____

City/State _____

Phones: Home _____ Cell _____

Name _____ Relationship to student _____

City/State _____

Phones: Home _____ Cell _____