

Last Name: \_\_\_\_\_

## Ensenada Application 2010

**JULY 24- AUGUST 1, 2010**

**Cost: \$500-\$550 for VCC Students    \$900-\$950 for Visitors**

This application/registration is intended for High School age students who plan on participating in the 'VISION' summer mission trip to Ensenada. **Please fill out completely** (including references) and turn in ASAP. Turn in with full payment of which \$100.00 is NON-REFUNDABLE. Cost for the trip is \$900.00 until Sunday May 30<sup>th</sup>. Price increases to \$950.00 beginning on Monday May 31<sup>st</sup>, 2010. **If you are a member/regular attender, of VCC Student Ministries, the church will cover \$400.00 of the trip for you.** Your check will not be cashed until July 12, 2010. If you will be *EARNING for EVANGELISM* through the CAR WASH and other events then you may register with \$100.00 non refundable deposit. The complete balance will be due on Sunday May 30<sup>th</sup> at the First Training Meeting. (See calendar) **Keep the Ensenada Calendar for reference.**

Name: \_\_\_\_\_

First: \_\_\_\_\_

*The Ensenada Mission Trip is a journey into Mexico where we will work on construction projects and evangelical programs meant to reach out to the people there. Our goal is to share Christ with them through service and testimony. **Total cost for the trip is \$900.00 until Sunday May 30<sup>th</sup> and \$950.00 beginning on Monday May 31<sup>st</sup>.** There are opportunities to raise money through our *EARNING for EVANGELISM* (Fliers available in the youth office) which includes the Ensenada Car Wash and other earning events. Each student can earn money based on how much they work the different events. (Talk to Laura if you need any other financial assistance.)*

**You must have a PASSPORT** (10-12 weeks to receive one) and the proper medical precautions taken before you can participate. **You must check with your doctor about going to Mexico and obtain clearance from him/her. See the Medical and Liability form attached.** Your parents will need to sign off the box on the Notary form indicating that they talked with your physician about you going to Mexico. **We trust your word, no FORM or signature is needed from your physician. This needs to be done before Sunday May 30<sup>th</sup> when all the forms are due. ( Medical & Liability Release, Notary form, copy of Passport for 1<sup>st</sup> timers) is due.**

You will be given an Ensenada Book- "All You Need to Know" that you will need to read COMPLETELY and know all the information.

I will read and be responsible for all the information in the "All You Need to Know" Ensenada Book. \_\_\_\_\_  
Please Initial

**References (required from everyone):** (must be at least 18 years... no relatives please.)

**PLEASE PRINT**

Name	Position	Where	Years Known	Phone(s)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

*I understand that the above mentioned responsibilities must be met by me. If they are not, I may not be able to attend the VISION Ensenada Mission Trip. I realize that I **must make all meetings.** In addition, I may have to attend more team meetings depending on which service team I am on. I will be cooperative with the leaders and the Mexican people **I realize that if I go, I will be representing God, Valley Community Church, and the United States. Therefore, I will make every effort to be an exemplary Christian & American.***

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ (print name) \_\_\_\_\_ Date \_\_\_\_\_

**Please return the following to the Student Ministries Office as soon as possible:**

**APPLICATION, MEDICAL & LIABILITY RELEASE, MONEY**  
**and COPY OF PASSPORT (first timers only)**



# VALLEY COMMUNITY CHURCH

## MEDICAL AND LIABILITY RELEASE for Students & Staff



Please **PRINT** CLEARLY

Last: \_\_\_\_\_  
First: \_\_\_\_\_

**Event: HS ENSENADA 2010**

**DATES: July 24-Aug 1, 2010 COST: \$500 (\$900 non-VCC) \$550 (\$950 for non-VCC) begin 5/31**

**\$100 is nonrefundable. NO REFUNDS will be given after July 14, 2010)**

**PERSONAL INFORMATION**

M/F: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# & Carrier: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Student's # --Carrier needed to TEXT (2008-09)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*(List phone #'s where you can be reached during the trip dates)*

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Insured ID #: \_\_\_\_\_

**ADULT Shirt Size:** S M L XL XXL  
(Circle one)

Do you regularly attend Church?: YES [ ] NO [ ] If YES, where?: \_\_\_\_\_

**MEDICAL HISTORY**

Date of last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been a patient in the hospital during the past 2 years? Yes [ ] No [ ]

Have you been under the care of a medical doctor during the past 2 years? Yes [ ] No [ ]

Have you had surgery? If yes, please list date & type \_\_\_\_\_ Yes [ ] No [ ]

Have you taken any medicine or drugs during the past 2 years? Yes [ ] No [ ]

What medicines do you take now? List name & dosage \_\_\_\_\_

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE any of the checked conditions below and any other serious illness not listed (use add'l page if nec): \_\_\_\_\_

CONDITION	X	CONDITION	X	CONDITION	X	REACTION
Stomach Problems		Asthma		Drug Allergies		
Frequent Colds		Excessive Whinning		Food Allergies		
Epilepsy/Seizure Disorder		Physical Handicap		Environmental Allergies		
Diabetes		Behavior/Nervous Disorder		Insect Stings		
Heart Condition		Vegetarian		Special Diet		
Other (note in next column)						

**RESTRICTIONS**

Swimming Restrictions: Yes [ ] No [ ] Activity Restrictions: Yes [ ] No [ ] Other restrictions (please specify): \_\_\_\_\_

**OTHER PERTINENT MEDICAL INFORMATION**

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please Provide us the information necessary to ensure proper medical service if necessary: \_\_\_\_\_

List any other medical information or special needs we should be aware of: \_\_\_\_\_

**SIGNATURE REQUIRED ON OTHER SIDE**

# VALLEY COMMUNITY CHURCH

## MEDICAL AND LIABILITY RELEASE for Students & Staff



Please **PRINT** CLEARLY

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### Event: HS ENSENADA 2010

**DATES: July 24-Aug 1, 2010 COST: \$500 (\$900 non-VCC) \$550 (\$950 for non-VCC) begin 5/31**

**\$100 is nonrefundable. NO REFUNDS will be given after July 14, 2010)**

#### LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

While VALLEY COMMUNITY CHURCH makes every effort to provide a safe and pleasant environment for your child, we do require that this participation agreement be read, filled out, and signed and dated by the parent or legal guardian or each child who wishes to participate in the activities/trips planned and/or held by VALLEY COMMUNITY CHURCH.

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes VALLEY COMMUNITY CHURCH, Pleasanton, California, acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect for the duration of the trip, unless revoked in writing by participant or participant's parent or guardian, as the case may be. VALLEY COMMUNITY CHURCH and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/guardian(s), if applicable) will reimburse VALLEY COMMUNITY CHURCH for the reasonable cost of transporting participant from the event location to VALLEY COMMUNITY CHURCH. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes VALLEY COMMUNITY CHURCH and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit, in an appropriate manner, without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless VALLEY COMMUNITY CHURCH and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges VALLEY COMMUNITY CHURCH and such persons from any liability or claim against VALLEY COMMUNITY CHURCH or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. VALLEY COMMUNITY CHURCH does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

PRINT Participant LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT PARENT OR GUARDIAN NAME: \_\_\_\_\_

Parent (with custody of Participant) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

VALLEY COMMUNITY CHURCH, 4455 Del Valle Parkway, Pleasanton, CA 94566 (925) 846-6622

First:

Last:

**Medical and Liability Release form due May 30, 2010**  
**At the Student Training Meeting and Notary Signing**

**Ensenada Calendar 2010**  
**JULY 24-AUGUST 1, 2010**

*Times and dates listed below are subject to change.*

*Any changes will be announced at meetings and/or sent to you via email &/or text.*

**IMPORTANT DATES:**

**TIMES:**

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April 23-24	Ensenada Job Planning Pre-Trip	Staff Only
April 25 (Sun)	Student Meeting	1:00-2:30 pm (In the Hall)
April 28 (Wed.)	Parent Orientation Meeting (Trip explanation, questions answered)	8:15 pm – 9:00 pm (In the Hall)
May 2 (Sun.)	<b>Applications Due</b>	
May 15 (Sat.)	Car Wash (optional fund raiser)	8:30 am – 12:30 pm (usually noon)
May 23 (Sun.)	<b>PRICE INCREASE \$550 (VCC Students)-\$950 (Visitors)</b> <b>MANDATORY Student Training Meeting</b> <b>Parents Attend to sign Notary</b> <b>Medical and Liability Release form due</b> <b>Doctor clearance due</b> Balance of money due \$500-\$550 (VCC Students)--\$900-\$950 (Visitors) Passport-application process done <b>First timers need Copy of your passport</b>	5:00-8:00 pm (The HALL) Time to be determined
June 13-18 (Sun.-Fri.)	“Xtreme 2010” Summer Camp <b>You are expected to attend</b>	12:00 noon Sat./ 3:30 pm Thu.
June 27 (Sun.)	Student Training Meeting	6:00-9:00 pm (The HALL)
July 14 (Wed.)	Student Training Meeting	6:00-9:00 pm (The HALL)
July 18 (Sun.)	Student Training Meeting	6:00-9:00 pm (The HALL)
July 23 (Fri.) <u>Mandatory</u>	All Day Prep and Pack	9:00 am - done
July 24-Aug 1 (Sat.-Sun.)	<b>ENSENADA MISSION TRIP</b>	<b>Fri 6:00am – 5:00 pm Sun.</b>

*These dates are **MANDATORY!** You may NOT miss them. If you must miss one, please speak with Jay, Jan, or Laura in advance to see if this can be worked out. Realize that you may not be able to attend this year's trip if you can't make the meetings. Remember that you will probably be making plans for a family vacation. Please make every effort to plan around these dates. We have many people going and we need to all be available for the prep work. We wish to bring God's very best to the people of Ensenada. Therefore, we must prepare as much as possible.*

*In addition, each student will be assigned to different 'Ministry Teams' for the trip. These teams will have additional requirements. (extra meetings, supply collection, donation gathering, equipment preparation, and possible small expenses) These requirements will be worked around individuals' schedules on each team.*

Questions contact Laura Rodrigues, Student Ministries Office Manager  
(925) 846-6622 x20, [LRodrigues@ValleyCommunityChurch.org](mailto:LRodrigues@ValleyCommunityChurch.org)

Fill out the first two pages and turn in.

**KEEP THIS LIST OF DATES for your reference.**

**Listen at meetings and watch email for changes**