

TNT Middle School Ministry - Valley Community Church
4455 Del Valle Pkwy., Pleasanton CA 94566
Ryan Cochran—Middle School Pastor - (925) 846-6622 x 18, fax (925) 846-8686

TNT Sports Ministry Mission Trip 2010 - Tacoma **July 24-31**

This application/registration is intended for Middle School age students who plan on participating in the TNT summer mission trip to Tacoma, Washington. **Please fill out completely and turn in with a \$100.00 NON-REFUNDABLE deposit by April 29th.** All applications are subject to review.

NAME: _____

*The Unchartered Waters Sports Ministry Mission Trip is a 7-day journey to Tacoma, Washington. Our goal is to share Christ with elementary aged children through service and testimony. Students can raise their own support through the car wash on May 1st (or possible other fund raisers) and their own means. **Total cost for the trip is \$605.00 including transportation.** The \$100.00 deposit is non-refundable. **Balance** will be determined and **due on May 25th** after you've had the opportunity to raise funds at the **car wash on May 1st. Airline tickets** will be **purchased on May 27th**. The cost of the tickets is also non-refundable (\$100.00 deposit plus the cost of the tickets). **No refunds** will be given after **July 8th**. (Talk to Ryan or Cameron if you are confused on price.)*

Have you attended a sports camp before or lead/coached? (check one or both)
YES/NO _____ **HOW MANY YEARS?** _____

I understand that the above mentioned responsibilities must be met by me. If they are not, I may not be able to attend the TNT Middle School Mission Trip. I realize that I must make all meetings and fund raisers. I will be cooperative with the leaders and the Unchartered Waters Staff. I realize that if I go, I will be representing God and Valley Community Church. Therefore, I will make every effort to be an exemplary Christian.

Applicant's signature: _____ Date _____

Parent's signature: _____ Date _____

Print Name: _____

*****Please return this completed application to the Youth Ministry office***
with your \$100.00 NON-REFUNDABLE deposit**

NO REFUNDS after July 8th!

Please complete the Medical and Liability Form.

Page 3&4 of this document

VALLEY COMMUNITY CHURCH

Please **PRINT** CLEARLY

MEDICAL AND LIABILITY RELEASE for Students and Staff

pg 2

Event: TNT Sports Ministry Missions Trip 2010 - Tacoma

DATES: July 24-31 COST: \$605

\$100 deposit is nonrefundable. Airline Tickets will be purchased on May 27th \$100 + the cost of the tickets will be no longer refundable after purchased. Balance due May 25th after CARWASH on May 1st. NO REFUNDS will be given after July 8th.

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