



Dear PCW Youth Families,

PCW Youth is excited to invite you to participate in another summer of growing closer to God and one another on the High School Mission Trip. We will be revealing the location of this year's mission trip at the Youth Pasta Dinner on Feb. 11th. Every year it is important to return to the vision and goals for this trip.

HSMT Vision: A vibrant community of youth transformed by the love of God and expressed through the service of others.

HSMT Goals:

- To experience God in community
- To grow through serving others

Expectations: As you know, in order to participate in the mission trip, students will need to meet the following expectations. If you register for the HSMT you are agreeing to meet these expectations prior to departing for the trip. We want to do our best to hold everyone to the same standard.

HSMT 2018 Expectations:

- Attend 5-7 PCW Youth Programs (Sunday School, Agape, Fellowship)
- Participate in Youth Rebuilding Hope (Pasta Dinner, Applebee's Pancake Breakfast, speaking in a church service)
- Participate in Commissioning Sunday

Important Dates:

- Youth Pasta Dinner - Feb. 11, 5:00pm, Assembly Hall at PCW
- Applebee's Pancake Breakfast - March 3, 8am-10am
- HSMT Parent Meeting - June 5, 7pm, Assembly Hall at PCW
- Commissioning Sunday - June 10th, 10am, Sanctuary

REGISTRATIONS

Member & Non-Members should register with a **non-refundable deposit of \$400 prior to March 15** to reserve your space. No space will be held without a deposit in the church office. By turning in your non-refundable deposit, we understand that you are agreeing to meet the participation requirements listed above.

COST

- **PCW members** - \$900
- **Non-Members** - \$1050
- **Family Discount of \$75 each additional child registered by same family**
- **Balances** will be due prior to May 1 for all member and non-member participants.
- Need based, confidential partial scholarships are available. Applications for financial support are available in this packet.

Terms and Conditions



- All registration and payment activity must go through the church office. You may complete all registration forms online or complete hard copies. Please put signed forms and payments in Linnette Mercado's mailbox located in the Parish House Mail Room.
- To register for any Youth Trip or Event, please give the designated deposit amount or payment in full to Linnette by the DATE DUE. Please make checks payable to "The Presbyterian Church in Westfield" or "PCW" and note your student's name and trip on the check. If paying in cash, please use a separate sheet of paper to note your student's name and the trip the deposit/payment is for. Credit Cards and Online Payments (www.westfieldpc.org) are also accepted. Please label/memo accordingly.
- All deposits and required paperwork MUST be turned in by the announced deadline. Anyone registering after the deadline will not be guaranteed a space for that trip.
- **REFUND POLICY:** Once a deposit is made for a student for a particular trip, and the student is unable to attend that trip, the deposit WILL NOT be refunded. If the balance due has been paid, a refund of ONLY the "balance due" will be issued, only if another student can fill the vacancy.
 - If a trip is cancelled by The Presbyterian Church in Westfield, the trip will be rescheduled. If a student is NOT able to attend the rescheduled trip, a full refund will be issued.
- A YOUTH MINISTRY REGISTRATION FORM must be completed once per program year for your student and kept on file in the church office.
- Scholarships are available for every trip. A scholarship must be requested in writing using the YOUTH SCHOLARSHIP FORM and signed by the Associate Pastor For Youth. This request must be made before the trip registration deadline. All scholarships are kept STRICTLY CONFIDENTIAL.
- Youth must adhere to the following expectations while participating in youth events and trips:
 - I will do my best to have a good time on this trip.
 - I will do my best to make sure everyone else is having a good time.
 - I will respond positively to the leadership of the advisors and to the guidelines established for this trip.
 - I will treat everyone I encounter with respect.
 - I will not put anything into my body that alters my mental state. If I do, I understand that I will be sent home at my expense.
 - I will remember that I am a representative of The Presbyterian Church in Westfield, and of God, to whomever I come into contact with on this trip, and I will act accordingly.
- If a student is sent home because of unacceptable behavior, they will be sent home at the parents' expense and the cost of the trip will NOT be refunded.
- If you have questions regarding registration for any trip, please contact Linnette Mercado in the church office (908-233-0301 ext.22 or lmercado@westfieldpc.org).



PCW YOUTH REGISTRATION FORM FOR ALL EVENTS/PROGRAMS SEPTEMBER 2017 – AUGUST 2018

To be completed ONCE for use during September 2017-August 2018, unless medical information changes / used for any and all youth ministry events, trips, retreats & programs. MUST be completed!

Please Circle All Programs You Wish To Register For, This Program Year:

Agape MS Breakfast Club 9th Grade Confirmation MS/HS Sunday School MS/HS Fellowship Other/Trip: _____

Student Name (First,Middle,Last) _____ D. O. B. ____/____/____ Grade (17/18) _____

Street Address _____ City/State/Zip _____ Home Phone# _____

Student Cell Phone # _____ Student Email _____

T Shirt Size (Circle One) S M L XL 2XL

Parent/Legal Guardian Name _____ Member of PCW? Please Circle: YES / NO

Parent/Guardian Cell # _____ Parent/Guardian Email _____

Parent/Legal Guardian Name _____ Member of PCW? Please Circle: YES / NO

Parent/Guardian Cell # _____ Parent/Guardian Email _____

If parent/guardian is not available, in case of emergency, please contact:

Name/Relationship _____ Best Contact Number: _____

MEDICAL INFORMATION (All medical information is kept strictly confidential.)

Name of Family Physician _____ Phone # _____

Name of Dentist/Orthodontist _____ Phone # _____

IMMUNIZATION HISTORY: If possible, please attach the immunization list from the physician.

Date of last medical exam: _____ DPT Series/Tdap/Tetanus Shot Date: _____

LIST ALL ALLERIGES TO FOOD OR N/A _____

LIST ALL ALLERGIES TO MEDICATION OR N/A _____

DATE(S) OF RECENT OPERATIONS OR SERIOUS INJURY OR N/A _____

CHRONIC OR RECURRING ILLNESS(ES) OR N/A _____

SPECIAL DIETARY NEEDS/VEGETARIAN OR N/A _____

PLEASE CHECK EACH OF THE FOLLOWING MEDICATIONS THAT MAY BE ADMINISTERED TO YOUR CHILD:

_____ Tylenol _____ Benadryl _____ Senokot(Laxative) _____ Ibuprofen _____ Pepto Bismol _____ Immodium

INSURANCE INFORMATION (In case of emergency.)

Medical Insurance Company Name _____ Member ID _____

Group/Policy Number _____

I/We give permission for my child to participate in the Presbyterian Church in Westfield's Middle School and/or High School ministries weekly meetings, activities, and trips during the year 2017/2018. I/We wish to make clear our understanding that the Presbyterian Church in Westfield is hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the Presbyterian Church in Westfield, and hold it harmless from any claim or demand which might be asserted in connection with these meetings, activities, and trips. In case of a medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by an adult leader and efforts have been made to contact the participant's parents. I/We assume full responsibility for such care. As a participant, your child's image, name, and voice, as well as any presentation, speech, or written document submitted by him/her, may be used, reproduced, distributed and/or modified by the Presbyterian Church in Westfield at any time in a variety of media for a variety of purposes including, but not limited to, print, video, photographs, all of which may be available on the Internet. By signing below you indicate that you have read and understand the terms and conditions of this 2017/2018 Registration Form. Also by signing below, you authorize medical care for your son/daughter in the event of an illness, injury and/or emergency.

Signature of Parent/Legal Guardian

Date

SUMMER TRIP/RETREAT 2018 Medication Form



Trip Name: _____

Student Name (Print): _____

Birth Date: ____ / ____ / ____

TO THE PARENT(S) OR LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN EVEN IF YOUR CHILD IS NOT ON MEDICATION

If your son, daughter, or ward will be under the age of 18, it is policy to secure your consent for **medication distribution and for the use of medical devices** by completing the form and signing below. Information provided will be kept confidential.

DO NOT TURN IN THE OVER THE COUNTER MEDICATIONS BELOW

Over the counter medications ["OTC"] could be administered to your child by our staff, when requested, for these conditions:

Colds: Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed for daytime, or Dimetapp at bedtime

Sprains: Tylenol or Ibuprofen (Motrin, Advil)

Constipation: Milk of Magnesia, stool softeners

Diarrhea: Pepto Bismol or Imodium AD

Allergies: Benadryl

Wounds: Bacitracin ointment, Betadine

Rashes: Hydrocortisone cream, caladryl lotion

Above Medications **NOT TO BE ADMINISTERED** (please list) _____

PRESCRIPTION MEDICATION

List ONLY the medications that your child will need during the trip: All prescription medication must be turned in for distribution prior to the trip. If you need to list more medications, please use the back of this page.

Name of Medication	Reason for Medication	Dosage (mg)	Times of Day Given

Any special physical or emotional conditions that we need to be aware of regarding your child's participation in this camp (include circumstances when physician should be notified)? _____

Certain medications should be self-administered [EPI-PENS for allergic reactions; INHALERS for acute asthma actions]

I want the medication or medical devices self-administered (age 14 and above only). Specify: _____

HSMT: Regarding inhalers and EpiPens etc. please have your student carry their inhaler or EpiPen, but please send a "backup" to Linnette Mercado in the church office. Our experience is that inhalers get lost or left in luggage and are sometimes needed quickly on a work site. Everything will be returned to your student at the conclusion of the trip.

Please Notify The Staff If There Are Any Changes In Your Child's Health Status Since the Medical Forms Were Sent In.

This information is confidential and is provided for the express purpose of helping to ensure a healthy, safe trip experience for my child. This form may be shared with medical personnel should the necessity arise. I attest that all information on this form is correct. List any special instructions or additional information such as side effects regarding the medication that would be helpful to the adults administering the medications on the back of this page.

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Date



PCW Youth Scholarship Form

The Presbyterian Church in Westfield

The PCW Youth Scholarship Form is to be completed when a youth is unable to participate in a youth function because of financial difficulties. Please fill out one form per child, per trip as needed. (All requests will be kept strictly confidential). Turn in to the Associate Pastor for Youth & Mission.

TRIP NAME: _____

NAME OF STUDENT(S): _____

NAME OF PARENT/GUARDIAN(S): _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

COST OF TRIP: \$ _____

AMOUNT REQUESTED: \$ _____

PARTICIPANT CONTRIBUTION: \$ _____

REASON FOR SCHOLARSHIP:

I (Parent/Guardian Name) _____ understand that by receiving the scholarship, the church has paid-in-full to reserve my son/daughter's space and any cancellation after registration deadline will cost the church money that otherwise could be used for other scholarships or mission.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please do not write below this line! Office Use Only!

Amount of Scholarship _____ Name of Trip _____

Approved By _____ Date _____

PRINT YOUR NAME & TITLE _____

Approval Letter Sent: Date _____ By _____