

Church of the Holy Comforter  
**Mission: Nicaragua**

June 16-23, 2012

Mission Trip Application



*Registration deadline is December 1, 2011, at which time the completed Holy Comforter and Fabretto forms, along with a \$500 NON-REFUNDABLE deposit, must be received by the parish office.*

# 2012 Mission Trip Application

Applicant Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student e-mail \_\_\_\_\_



Parent Name(s) \_\_\_\_\_

Address (if different) \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Cell Phone(s) \_\_\_\_\_

Parent e-mail(s) \_\_\_\_\_

*Registration deadline is December 1, 2011. At that time, all completed registration forms and a **non-refundable** \$500 deposit (checks payable to Church of the Holy Comforter) are due to the parish office. Final payment is due by April 1, 2012. Itinerary will be made available shortly thereafter.*

*Scholarships are available for those needing assistance. For more information, contact Patti Pateros at 847/251-6120 ext 11 or [pjpateros@holyccomforter.org](mailto:pjpateros@holyccomforter.org).*

## **PARENTAL PERMISSION/RELEASE**

I give permission for my son/daughter named above to participate in the Church of the Holy Comforter Mission: Nicaragua high school mission trip scheduled for June 16-23, 2012. You have advised me of the nature of the proposed activities, the transportation and supervision available and I consent fully to my child's participation. I understand there are inherent risks involved in any such activity, and I release the Church and all of its agents from any claim, whatsoever, arising out of this activity. I accept responsibility for any damage caused by my child's negligence or intentional act. I also understand that I am responsible for the entire payment of the airfare should my child cancel after reservations have been made.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CHURCH OF THE HOLY COMFORTER  
**MEDICAL EMERGENCY & INFORMATION CARD**

---

Child's Name, First	Last	Birth date	Age
---------------------	------	------------	-----

---

Address	City/State	Zip	Home Phone
---------	------------	-----	------------

---

Mother/Guardian Name	Work Phone	Cell Phone
----------------------	------------	------------

---

Father/Guardian Name	Work Phone	Cell Phone
----------------------	------------	------------

---

Insurance Company	Policy Number
-------------------	---------------

---

Child's Doctor	Office Address	Doctor's Phone
----------------	----------------	----------------

---

Child's Blood Type	Child's Allergies
--------------------	-------------------

---

Additional pertinent medical history

**Person To Notify in Case of Emergency if Parent/Guardian cannot be reached**

---

Name	Phone	Relationship
------	-------	--------------

---

Address

---

Name	Phone	Relationship
------	-------	--------------

---

Address

**Any additional information the adult leaders should know about my child:**

---

---

---

In the event of an emergency, I authorize the adult leaders and/or supervisors, or emergency medical personnel to transport my child from the event to the nearest medical facility. I authorize such medical treatment as may be deemed necessary for the immediate care of my child by a licensed physician and/or other medical personnel. I agree that I will be responsible for payment of any and all medical services required.

---

*Signature of Parent/Guardian*

---

*Date*

## WHAM Participant Pledge

### *We Have A Mission: Church of the Holy Comforter's High School Youth Group*

We live in a highly complex and rapidly changing world often requiring difficult and confusing choices. The demands on our selves, our time and our resources are tremendous. We are often so busy that participation in other activities, events or groups seems overwhelming if not impossible.

I vow, however, to make WHAM a priority in my life and participate and contribute regularly. As a participant in Mission: Nicaragua, I commit to attending at least two Sunday meetings per month [**MANDATORY ATTENDANCE OF 14 SESSIONS FROM SEPTEMBER 2011–MAY 2012**]. If my time and energy become limited, I will communicate my situation with the adult leaders of the group.

As a member of WHAM, I will :

- Be present consistently both in body and in spirit, bringing an openness of heart and mind as well as a commitment to the group.
- Engage everyone in the group, not only those with whom I share similar interests or outside friendships.
- Practice hospitality, respecting the views and feelings of other members, guests and hosts.
- Respect the environments I encounter, and refrain from intentionally causing damage.
- Refrain from all conduct that may reflect poorly on myself, WHAM and the parish, including the consumption of alcoholic beverages and the use of tobacco or illegal drugs.

**I also understand that if I am not able to fulfill these promises, including attendance at a minimum of fourteen Sunday WHAM meetings, I will not be able to participate in the mission trip, and my deposit will not be refunded and I will be responsible for payment in full of the airline ticket.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

WHAM Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

*A copy of this form will be returned to the participant as a reminder of his/her pledge to WHAM and the parish.*

**CHURCH OF THE HOLY COMFORTER**  
222 Kenilworth Avenue ▪ Kenilworth IL 60043  
847/251-6120 ▪ [www.holycomforter.org](http://www.holycomforter.org)