



HIGHLAND PRESBYTERIAN CHURCH 2019 Inter-Generational MISSION TRIP
 “Making Homes Warmer, Safer, and Drier”
Registration Form

Highland Presbyterian Church
 500 E. Roseville Rd.
 Lancaster, PA 17601

Phone: 717-569-2651
 Fax: 717-569-3941
 E-mail: ebtide86@gmail (Jim Eberle)

Registration – Return to Mission Trip box in the office or mail and mark envelope ‘WV registration’.
Fill out both sides and enclose full payment.
Accompanied by full payment and the liability and medical form

Family Name _____
 Family Phone _____
 Family email _____
 Mailing address _____

T-Shirts sizes available in:
Youth - M, L, and XL
Adult - S, M, L, XL and XXL

Last Name	First Name	Participant Cell number	Age	T- shirt size	Registration fee (see cost info)	YG gas
Total						

Cost

Includes three meals a day (Monday thru Thursday) and accommodations.

ADULT/YOUTH \$250

- Youth includes students entering 6th grade and older.
- There will be a *cost reduction* for Youth participating in the HPC yard sale.
- *For Youth traveling with Youth Group, add +\$10 for gas.*

CHILDREN \$200

- Includes Children entering 5th grade and younger.
- One parent of children in the program should plan to stay at the college one day during the week to assist with this program.

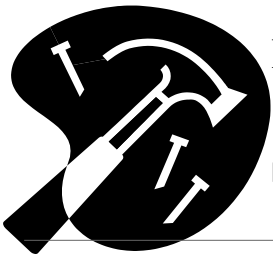
CHURCH USE ONLY

Amount paid _____

Date received _____

Check number/cash _____

Received by _____



Highland Presbyterian Inter-Generational Mission Trip

Liability and Medical Form

Please complete both sides of form for all family members attending.
Return with payment.

Liability and Medical Form

Family Name _____

Family members attending—list each member, any known allergies/medications and date of last tetanus shot.

Name	Allergies	Date of last tetanus

Medical Insurance _____

Group/Policy # _____

Phone Number# _____

Emergency Contact-name and phone _____

Liability Release

In the event that I cannot be reached in an emergency during the dates of July 22-26, I hereby give permission to the physician selected by the church leadership to hospitalize, to secure proper treatment, and/or order injection, anesthesia or surgery for me / my minor child, as deemed necessary. Every activity sponsored by the church is carefully planned and adequately supervised by mature adults. However, unforeseen events can occur. By signing this form, the participant/ parent/legal guardian agrees to assume and accept all risks inherent to church related activities. They also agree not to hold this Church, it's employees or volunteers, liable for damages, losses or injuries to the person or property undersigned. Participants understand they are signing this form and the signature is for both medical and liability release.

Signature _____
(Participant or Guardian)

Date _____