

2020 KNOX 41ST

**A WEEK CAN
CHANGE
YOUR LIFE.**



**ARE YOU
READY?**



This is the 41st annual Kentucky Youth Mission Trip! This trip has evolved over the years, from a weekend trip, where we dropped off clothing and other items for the resale store at Christian Social Services, to the current trip in which we spend a week in Morehead and the surrounding Appalachia area doing service projects with Christian Social Services, Habitat for Humanity, and other local service organizations.

KYMT Basics

Depart: Sunday, June 14 after 8:30am Mass from St. Elizabeth; attending Mass together

Return: Friday, June 19, early evening

Cost: \$220, dependent on fundraising

We carpool down and stay in the basement of Jesus Our Savior Church on Morehead State University's campus. Our chaperone (21+) to child ratio is 1:6. All sleeping arrangements are divided by gender.

Who can go?

All youth 7th-12th grade, as well as young adult leaders (18-20 year olds) and adults who wish to chaperone (aged 21 and older).

Fundraising

Most students fundraise their entire trip cost!!! By participating in fundraisers, students will be fundraising for their personal trip cost, rather than raising money for the group as a whole. I will be keeping track of the total number of hours worked during the fundraisers. At the beginning of June, I will divide the money up by the number of hours worked. Each student will then earn a certain \$/hour.

$$\frac{\text{Total amount of \$ raised}}{\text{Total amount of hours worked}} \times (\text{Number of hours you worked}) = \$ \text{ for your trip}$$

The only events where money will not be pooled are individual sales events, such as the candy bars.

Application Process

Please be sure to read through each of the attached forms

Applications to be turned in by Monday, November 11, 2019.

There will be a **mission trip meeting** for all attendees and their parents on Sunday, January 12 following the 10:30 Mass (11:30 am).

If you have any additional questions about the trip or this application packet, please do not be afraid to contact me.



St. Elizabeth Church & St. Dominic Chapel

Heather E. Marsh
506 North Union Street
Tecumseh, MI 49286

Coordinator of Youth Ministry
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St.ElizabethSt.DominicCYM@gmail.com



Name _____

Mailing Address _____

Guardian Phone Number _____ Student Cell Phone _____

GRADE LEVEL _____ AGE (as of June 14, 2020) _____ GENDER: female male

T-Shirt Size (Please circle one size) S M L XL XXL If other, please specify size _____

Have been on the KYMT before? _____ How many times _____

Is your parent signed up to chaperone? _____ Would they be willing to chaperone? _____

Why would do you want to go on this mission trip?

What is one expectation you have for this trip?

Due November 11

No late applications accepted.



PARENT/GUARDIAN PERMISSION FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of authorized personnel from **St. Elizabeth Parish**. A brief description of the activity follows:

Name of Event: *Kentucky Youth Mission Trip 2020 (KYMT 2020)*

Destination: *Morehead, Kentucky*

Date and Time of Departure: *Sunday, June 14, 9:30 a.m.*

Date and Anticipated Time of Return: *Friday, June 19 early evening*

Method of Transportation: *Personal Vehicles; carpooling*

Characteristics or Risks of Events: *Our community service projects will include building and repairing. All projects will be under adult supervision and may include use of saws, hammers, nails, power drills and other tools. All necessary safety precautions, including safety goggles, work gloves and appropriate shoes will be followed.*

Designated Supervisor of Activity: *Heather Marsh, Coordinator of Youth Ministry*

Emergency Phone Number: *Heather: 517-918-5725*

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. This section is for your information.

PERMISSION FORM FOR FIELD TRIP

I hereby consent to participation by my son/daughter(s) in the **KENTUCKY YOUTH MISSION TRIP from Sunday, June 14 through Friday, June 19, 2020**. I understand that this trip will take place away from the parish grounds and that my son/daughter(s) will be under the supervision of the authorized parish personnel (as indicated above) on the stated dates. I consent to the stated conditions for participation in this event, including the method of transportation. I further understand that if my child(ren) chooses behavior that is inappropriate, I may be requested, at my expense, to remove my child(ren) from the program.

I hereby release and discharge St. Elizabeth Catholic Parish, any affiliates, directors, officers, agents, servants, employees, representatives, assigns, and successors, past and present, from all claims, debts, demands, rights, liens, charges, lawsuits, and causes of action, at common law or in equity; and any other causes of action concerning or related to my child(ren)'s participation in the KENTUCKY YOUTH MISSION TRIP with St. Elizabeth Catholic Church.

(Parent's name, printed)

(Parent's Signature)

(Cell Phone)

(Date)

Child(ren)'s name(s)

A medical release form and copy of your medical card must be on file before your son/daughter may participate in this activity.



I, _____, make this covenant with the Parish of St. Elizabeth as a servant leader for the Kentucky Youth Mission Trip (KYMT). As part of my covenant, I have read and committed myself to the following.

- I commit myself to being mentally and physically prepared for the days of mission work. The purpose of this mission trip is to spread the love of Jesus through physical labor and sharing the love of Christ in all our dealings.
- The safety of all participants on the KYMT is of paramount concern. I commit to following all rules, regulations, and policies established by the leadership of St. Elizabeth Parish, the adult and team leaders of the KYMT, and any other organizations we work with on the mission trip.
- If I am injured while participating in the KYMT, I will notify an adult leader immediately.
- I understand that all personal articles that I bring on the KYMT are my individual responsibility. The Church and other organizations that we work with are not responsible for replacing lost, stolen, or damaged property.
- I understand that all participants are required to attend and be on time to all sessions, prayers, activities, and meals.
- I understand that I represent St. Elizabeth's Parish, the Diocese of Lansing, and Catholics in general, and I will maintain an image honoring each of those organizations. Recognizing this I will:
 - Respect others' property
 - Refrain from the use of alcoholic beverages and controlled substances (drugs) during the KYMT. I will also refrain from smoking (unless I am over the age of 18 by June 23, 2019).
 - Show consideration and respect for others, particularly in being sensitive to them in manner of speech and dress, by maintaining an appropriate standard of personal hygiene, and acting as a group member.
 - Refrain from the use of profane language, including sexual innuendos, and sexual jokes.
 - Resolve conflicts in a non-violent manner and refrain from bringing any type of weapon (including pocket knives).
 - Exercise environmental responsibility.
 - Act as a peer monitor by upholding the Covenant at all times, and encouraging others by example.

Participant's Signature

Participant's Name (please print)

Parent/Guardian's Signature, as witness



- I, along with my peers, represent the Catholic Church. Responsible leadership and character are trademarks of the Catholic youth in the Lansing Diocese. Christ-like behavior is promoted and expected at all times.
- I am asked to project an image of Christian consideration, sensitivity, and respect to all others and to the property around me. Disrespect toward peers, chaperones, community members, and church staff will not be tolerated. I will listen when asked or instructed to do something and follow leader directions.
- I am responsible for my own actions and behavior and will assume the natural consequences for any negative behavior or disturbance. I will take full responsibility for my behavior.
- I will do my best to be a servant on this trip. Reaching out to all those around me.
- I will attend all event activities, and be on time arriving at activities, awaking from sleep, and returning from breaks.
- I will not leave the site unless the youth minister has granted permission, and I will not travel alone.
- No alcohol, illegal drugs, or tobacco are allowed.
- I will keep my sleeping area orderly. Food and drinks are not allowed to be kept in sleeping quarters. I will not get into others luggage without their permission.
- At no time is it permitted to have those of the opposite sex in the sleeping quarters. Inappropriate contact, touch, gesture, language, or activity of a sexual nature, which would offend any person, is unacceptable.
- I will take care of myself and keep good hygiene. Washing, grooming, and dental hygiene are a necessity.
- The use of cell phones is to be kept to free time. Cell phones are not allowed during prayer, Mass, or group activities. If I am using it at inappropriate time, it will be taken until lights out that night.
- I will abide by lights out. It is important that others, including chaperones, get a good night's rest. There will be no leaving rooms after lights out.
- I understand that my peers and adult leaders will enforce this code of conduct and are acting in my best interest and in the best interest of the Kentucky Youth Mission Trip when doing so.
- Infractions of these rules will result in the youth minister discussing the infraction with me. In the unlikely event that a behavior problem requires extreme action, I understand that my parents will be notified immediately and I will be picked up by a parent or guardian at my own expense.

I agree to cooperate, and have no trouble adhering to this code of conduct.

Participant's Signature

Participant's Name (please print)

Parent/Guardian's Signature, as witness

This form stays on file until **Sept. 30, 2020. Please fill out **COMPLETELY**, it will be used for multiple events.*

**HEALTH HISTORY AND MEDICAL RELEASE FORM
FOR PARISH PROGRAMS AND ACTIVITIES**

Participant's Name _____ Sex _____ Birth Date _____ Age _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Primary Phone _____ Secondary Phone _____

HEALTH HISTORY

Family Doctor _____ Telephone Number _____

IMMUNIZATIONS (Record if up-to-date, or month/year of last time person had disease):

Tetanus/Diphtheria _____	Measles _____	Mumps _____
Chicken Pox _____	Rubella _____	Polio _____
TB _____ (results) _____	Hepatitis B _____	Other _____

SPECIAL INFORMATION: (Please check all that apply. Information will be held in strict confidence.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Fainting | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Severe Homesickness |
| <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Frequent Earaches | <input type="checkbox"/> Dizziness | |

Dietary Restrictions: _____

Allergic Reactions (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____

Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain:

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequency, dosage, etc.):

----- **FILL OUT BOTH SIDES** -----

This form stays on file until **Sept. 30, 2020. Please fill out **COMPLETELY**, it will be used for multiple events.*

In an **EMERGENCY**, and if *unable to reach parent/guardian*, we should contact:

1. Name _____ Telephone Number _____

2. Name _____ Telephone Number _____

Note to parent/guardian: Please read the following sections carefully. We apologize for the complexity but we must be sure we have your full consent in these areas.

PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts will be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with **MINOR SYMPTOMS** (i.e., headache, sore throat, stomach ache, etc.). **YES** _____ **NO** _____

NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign only either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.), except for the following _____, to my child if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

OR

B) I do not want **ANY** type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

*SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

**Copy of insurance/medical card needed for any trips away from campus or overnight.*