

**Camp Hill Presbyterian Church / Mechanicsburg Presbyterian Church
2024 M.A.T.E. Trip Registration - Medical Release & Permission Form**

Please print legibly and please do not staple this form – thank you!

Participant's Name	_____	Date of Birth:	_____	Home Phone	_____
Email Address:	_____			Cell Phone (that will be with you on the trip):	_____
Home Address:	_____	City, State, Zip	_____		
For Minor: Parent or Guardian's Name(s)	_____	Home Phone	_____	Cell Phone	_____
For all: Emergency Contact	_____	Home Phone	_____	Cell Phone	_____
Medical Insurance Company	_____	Policy #	_____		
Additional Insurance Info	_____				
Physician	_____	Office Phone	_____		
Dentist	_____	Office Phone	_____		

Clearances

Pennsylvania law requires that any adult volunteering with children/youth must provide clearances. Please contact the church office to ascertain what must be produced. If you have clearances for other volunteer work, you can provide copies for the church office. If you are 18 or older you **MUST** provide clearances to participate on the MATE mission trip.

My clearances have been filed in the CHPC or MPC office. **We must have them on file by June 15, 2024.**

Medical Information - Check the following areas of concern. If necessary, add another page with details:

- For participant's safety and our knowledge, is participant a:
 good swimmer fair swimmer non-swimmer
- Do you have allergies to—
 pollens medications (please list) food (please list) insect bites
- Do you suffer from, or have you ever experienced, or are you being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap other condition of which leaders should be aware
- Year of last tetanus shot (exact date if know): _____ **REQUIRED, no exceptions** please mark unknown if you don't remember when you had your last one – *we strongly urge you to get a tetanus shot before the trip if you have not had one in the last 10 years.*
- Do you wear? Glasses Contact lenses
- Please list **names of medications and dosages** that must be taken:
- Please list dietary restrictions (including vegetarianism):

Describe in writing and submit with this form details regarding the nature and severity of any physical and/or psychological ailment, illness, disability, or condition of which the leaders should be aware, and what, if any action or protection is required on account thereof. Please also list and explain any major illnesses you have experienced during the last year.

Camp Hill Presbyterian Church / Mechanicsburg Presbyterian Church 2024 M.A.T.E. Trip Registration - Medical Release & Permission Form

Please print legibly and please do not staple this form – thank you!

For your information, we expect each participant to conform to these rules of conduct:

- Obey all federal, state and local laws including those pertaining to the use of tobacco, alcohol and controlled substances
- No fighting, weapons, fireworks, or explosives
- No offensive or immodest clothing or language
- Gender separation in sleeping quarters (except for married couples)
- Respect property, one another, those whom we serve, and leaders of CHPC, MPC, UMF, St. Joseph Parish Hall, and MATE
- Respect and comply with event schedules

Those who fail to comply with these expectations may be sent home at their own or their parents' expense.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Churches, Mission at the Eastward, related staff and volunteers of any liability against personal losses of named person.

- I/We the undersigned am 18 years of age or older, OR have legal custody of the student named above, a minor, and have given our consent for him/her to attend the 2024 CHPC/MPC Mission Trip.
- I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Churches, MATE, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, contraction of disease, loss, or damage to person or property that may occur during the course of my OR my/our child's involvement.
- In the event that I am OR he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.
- I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the Mission Trip participant.
- I understand that if bringing my personal vehicle for use on the mission trip, by myself and/or with members of the group, that my auto insurance is in effect for the use of that vehicle on the trip and release CHPC/MPC/MATE from any liability regarding the use of that vehicle. (CHPC does provide hired-car coverage for our rental vehicles. MPC is responsible for insurance on its van.)
- I/we also agree to bring myself OR my/our child home at my/our own expense should they become ill or if deemed necessary by the Mission Trip leaders.
- Photo release: I give permission for CHPC/MPC and Mission at the Eastward to use photos from its mission trip for its newsletter, brochures, directory and/or website. If you would prefer that your photo *not* be used, please submit such notification in writing along with this form.
- I understand that that Mission at the Eastward will be given my name, address, and email address to receive *MATE Matters* e-newsletter and occasional correspondence. If you wish to opt out of MATE receiving your contact information, please submit such notification with this form in writing.
- I understand that I must have the required clearances on file with CHPC/MPC to comply with Pennsylvania law to participate on this trip if I am age 18 or older.**

I/we give permission for this registrant to participate in the July 20-27, 2024 CHPC/MPC Mission Trip. I, the participant, and my parent/ guardian (if a minor), have read the rules of conduct and the above evaluation of health. I/we agree to abide by the stated personal limitations and code of conduct and also agree to the release terms above.

I am over 25 years old and agree to serve as a driver, possibly in a rented vehicle. By checking this box and signing this form, I am verifying that my driver's license has not been suspended within the past three years for any reason. **Please enclose a photocopy of your driver's license with the registration form.** Thank you.

Participant signature: _____ Date: _____

If a minor,
Parent/guardian(s)
must also sign: _____ Date: _____

**Registration Fee: \$275.00 for first family member,
\$250.00 for additional members from the same immediate family.**



THIS FORM IS DUE BY APRIL 30, 2024
Fees are due June 2, 2024 (checks submitted prior may be held until that date.)

Return to the MATE mailbox (across from the CHPC church office) OR
Mail to Nancy Flint – 4187 Nantucket Drive; Mechanicsburg, PA 17050 OR
Scan and email to nflint.home@gmail.com

Registration fee checks should be payable to CHPC and
marked MATE registration in the memo line
OR pay online at www.camphillpres.org/donate and select MATE as the donation area.
Please include a note with online payment that it is a registration fee.

CHPC/MPC MATE Trip Registration Logistics Form
PLEASE RETURN WITH YOUR COMPLETED REGISTRATION FORM

This sheet will assist us in planning the logistics of getting our group to Maine and back!

YOUR NAME _____

Please be sure to fully complete your registration form. Did you:

- Complete ALL requested information?
- List special medical or dietary needs on your form?
- Sign the form? ALL PARTICIPANTS MUST SIGN, including those under 18 years old.
- Have a parent/guardian sign the form also if you are under 18?
- Include a photocopy of your driver's license if you are 25 or older, even if you are bringing your own vehicle? Or snap a photo of it and text it to Nancy at 717-576-1513. If you are 25 or older, but do not want to be a driver during the trip, please let Nancy know.
- Note that if you are age 18 or older you MUST provide clearances to the CHPC office. Please call Andrea in the church office at 717-737-0488 to verify your clearances are on file, or to get instructions on obtaining them. If you have clearances on file with MPC, please request that the church office send copies to CHPC.
- A reminder – **please do not staple the form or this paper to the form.** The pages must be photocopied and staples hinder that process. Thank you.

Please complete this information to help us with our planning:

The group will likely have mission trip T-shirts made this year, at no extra cost to participants. Please provide the information below for your shirt:

Regular T-shirt Size _____

(Sizes Adult S – Adult 3XL available)

- Please do not order a T-shirt for me.

Travel plans:

- I plan to travel with the group but will not bring my own vehicle on the trip.
- I plan to travel with the group and can bring my personal vehicle. I can take myself and _____ passengers (remember to allow room for luggage.)
- I plan to travel separately from the group. Please describe your travel plans and which other members of the team (if any) will be traveling with you. (Such as if you are arriving later than Saturday, July 20 or departing earlier than Saturday, July 27.)

Please list anything else we might need to know regarding your participation on the MATE trip on the reverse. Please submit this completed page along with your registration form. Thank you!