

Grace and peace to you from God our Father and Christ Jesus our Savior. Amen

This year's Youth Mission Trip will again be in conjunction with our NALC Iowa Mission District. This will allow for two specific goals to be accomplished:

1. Networking opportunities for our youth with others church youth in our area
2. Transportation cost savings (cost underwritten by our Mission District)

I am excited to announce that our **NALC Youth Mission Trip for 2023** **Port Charlotte, Florida July 24th – August 1st.**

Mission work will be coordinated with NALC Disaster Relief!

- We will travel via chartered bus and vans with other NALC in Iowa congregations
- We will travel the first night and sleep at a Lutheran church in the Nashville area.
- We will base ourselves out of Port Charlotte, FL or nearby
- Primary focus this year will be **Hurricane recovery work**

As in years past we are planning some special fun for this trip. Youth will have the opportunity to attend possibly a minor league baseball game, spend some time at a Gulf Coast beach, and try some Florida Cuisine.

Now the prep work begins. It will cost \$350/participant.

- **\$150 Non-refundable Deposit before May 1st and the trip remainder \$200 by July 1st**
Send to St. Olaf Lutheran Church Luther League PO Box 56 St. Olaf Iowa 52072
(transportation & housing is limited – the sooner you register the sooner you are guaranteed a spot)
- **Fund-Raising** options: Lent Soup Supper, Bake Sale – Sunday Coffee, Car Wash, Easter Brunch, or monthly breakfasts
- **Adult Leaders** – 5:1 ration per church. All skill levels are needed. We are encouraged to bring an adult with construction skills (carpentry, plumbing, electrical, etc.)
- **Plan money for 10 meals.** Only you know how much your children eats. Some a \$5 will work...others each \$20.
- **If you want a souvenir, then please bring money for that.** Each person is responsible for their own money.
- **Please include a tip for the motor coach driver which will be given at the end of the trip...\$10-\$20- your choice.**

In Christ,

Pastor Tony D. Ede

2023 Youth Mission Trip – Port Charlotte, FL - July 24th – Aug 1st

Mon	July 24	Early morning departure from Manchester To Minneapolis. Stay at a church overnight.
Tue	July 25	6:00am Wake Up – Breakfast - Devotions Early flight to Punta Gorda Arrive at Punta Gorda, travel to church, set up for the week
Wed	July 26	6:00am Wake Up – Breakfast - Devotions 7:00am – Noon WORK PROJECTS Sack Lunch on site 1:00pm – 3:00pm Showers – Naps – Etc. 7:00pm Entertainment for the evening Annual Ice Cream Pillage and Park
Thu	July 27	6:00am Wake Up – Breakfast - Devotions 7:00am – Noon WORK PROJECTS Sack Lunch on site 1:00pm – 3:00pm Shower – Naps – Etc. 7:00pm Entertainment for the evening. Mini Golf Tournament of Champions (\$)
Fri	July 28	6:00am Wake Up – Breakfast - Devotions 7:00am – Noon WORK PROJECTS Sack Lunch on site 1:00pm – 3:00pm Shower – Naps – Etc. 7:00pm Entertainment for the evening. MilB Game Fort Myers Mighty Mussels (\$)
Sat	July 29	FUN DAY Lunch & Supper (\$) Clean-up – Load Bus Beach Day
Sun	July 30	8:30am Worship with local congregation Fly back to Twin Cities Drive back home

PLEASE ALLOW FOR SOME “WIGGLE ROOM” in the schedule.

(\$) = youth will need their own money

Iowa Mission District
2023 Youth Mission Trip

Keep original in Church Office

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____
City, State, Zip _____

Date of Birth _____
Gender _____
Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First
Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____
Name of Family Doctor _____
Name of Dentist _____

Backup Contact (Relative or Friend)
Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____
Office Number _____
Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that NALC Iowa Mission District does not carry any health insurance for you. _____

** If yes, provide the following information which is required to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____
Insurance Company Name _____
Policy # _____ Plan # _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | | |
|---|---|--------------------------------|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Insect bites or stings |
| <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | | | |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

.....
Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them. I will conduct myself in a manner the glorifies God.

Participant Signature

Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in church mission trip activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the NALC Iowa Mission District staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the NALC Iowa Mission District staff or volunteer to secure and administer treatment for my child, including hospitalization.

_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION

The NALC Iowa Mission District normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for NALC Iowa Mission District to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to NALC Iowa Mission District using you or your child's image or voice in this manner, please notify the adult leader.

_____ initial _____ date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for my child to ride with any adult volunteer driver.

I understand that if an NALC Iowa Mission District owned vehicle or volunteer personally-owned vehicles are used as transportation to and from NALC Iowa Mission District events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. NALC Iowa Mission District does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____ initial _____ date

NALC Iowa Mission District ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I give permission for _____ to participate in NALC Iowa Mission District programs. I understand that NALC Iowa Mission District project activities/events may involve certain risks of physical activity and possible injury and that NALC Iowa Mission District program will provide each participant with reasonable care, but that NALC Iowa Mission District cannot guarantee that my child will remain free of injury. In addition, some NALC Iowa Mission District projects including but not limited to: camping, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the NALC Iowa Mission District program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS NALC Iowa Mission District, the District Council of NALC Iowa Mission District, NALC Iowa Mission District pastors, employees, volunteers and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the NALC Iowa Mission District program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature

Date

(Must be signed by the parent or guardian if the participant is under 18 years old)

MISSION TRIP PACKING LIST

- † Bible or Bible App
- SERVANT'S HEART
- toothbrush & paste
- sunburn remedies & sunscreen (very important) & sunglasses
- if you wear glasses, bring an extra pair
- pillow, sleeping bag/blanket
- towel & washcloth
- deodorant (please!)
- soap & shampoo
- feminine hygiene items
- comb & brush
- medicines that you need...Pastor will have a first aid kit.
- Water bottle (very important)
- personal snacks if you would like (5 day stash)
- snacks to share
- continuous prayer
- exceptional attitude
- spending money (your responsibility)
- I.D.
- mosquito repellent (coordinate with your friends so we don't have 70 bottles of bug spray)
- poncho for rain
- sweat band & hat
- work gloves (leather)
- work clothes
- work shoes/boots (no open-toed shoes/flipflops allowed during our work)
- small backpack (you can share)
- Lunch bag with frozen ice type thingy to keep things cool.

Clothing for 7 days

- 1 long sleeve shirt
- shorts (modest) and loose fitting
- shirts/blouses
- underclothes
- bedclothes
- walking shoes
- shower slippers
- swim suit – (modest – 1 piece)

1. Pack light - You will have to carry what you pack!
2. Tightly secure any items that may come open while traveling – freezer bags recommended! Plan to share what you can – toothpaste, bug spray, sun screen.
3. No sense in making a big investment in shoes and clothing you may only wear on this trip. Break new shoes in before the trip.
4. Take luggage you don't mind damaging. Old duffel bags are probably the best.
5. Leave room for souvenirs
6. Cell phones and Electronics...Pastor's strong suggestion is to leave them at home. If they do come on the trip, they WILL NOT BE A PROBLEM. During our worktime, they will be off limits and locked up securely. There will be time to check-in with parents, snap, take pix, etc while traveling and at our freetime. Also, if you bring them, you are responsible for them if they get lost, damaged or stolen. Pastor will have his cell phone at all times for emergencies and will be in contact with parents.
7. The church(es) that we will be at will have showers. We will have to stagger shower time so that everyone gets a shower during the day sometime.
8. Choose an air mattress rather than a cot. Cots take up too much room on the bus.
9. No pets allowed

REMEMBER – we probably will not be able to wash clothes before we come home!

**On the charter bus please - NO MORE THAN 1 “carry on size” bag
(approximately 22"x14"x9") 1 pillow & 1 blanket**