

**CCBA Mission Trip Youth Consent Form**

**FOR 10-17\*\* YEAR OLDS**

**Deadline to register is May 27, 2024**

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Parents/Guardians

Name/Relation: \_\_\_\_\_ / \_\_\_\_\_

Name/Relation: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #1 (if different than above) \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my youth, \_\_\_\_\_ to participate in the mission trip to Perry County, KY, being planned by the Coffee Creek Baptist Association June 2-5, 2024. I support the adult leaders and chaperones and I give them permission to take reasonable action, as they deem necessary, to protect the best interest of my child. As a parent, I believe my child can handle the responsibilities, with supervision, of participating in the work of this mission trip.

**\*\*10-17year olds must have responsible adult accompany them on this trip.**

I, the undersigned, willingly allow my son/daughter, \_\_\_\_\_, to participate in all activities organized for this trip. In the event that he/she is injured or becomes ill, and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed medical provider. In the event treatment is required from a medical provider designated by adult chaperones, I agree to hold such persons, the Coffee Creek Baptist Association and its churches free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be responsible for the cost of any medical care, should the cost of such care not be reimbursed by my child's health insurance provider. Further, I affirm that the health insurance information provided below is accurate and active for any care my child may require.

**A copy of child's health insurance card should be included with registration form.**

Insurance Company: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone \_\_\_\_\_

Health Concerns \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Diet \_\_\_\_\_

Teen's Phone number, (if has one) \_\_\_\_\_

By signing below, I also give my permission for the Coffee Creek Baptist Association and its affiliates to use my child's picture on their website, social media sites, and for media releases (web & print).

This consent form releases Coffee Creek Baptist Association, its churches and its members of any liability against personal losses.

**\*\*10-17 year olds must have parent/guardian accompany them on this trip.**

The purpose of this mission trip is to help those who have been impacted by the floods of 2022 in the rebuilding of their homes/communities, as assigned by the construction manager for Perry County and the Coffee Creek Baptist Association leadership team. I have discussed with my child:

the need for him/her to follow the instructions given by a team leader and to demonstrate safe behavior during any/all activities (work and play) and that the teen understands he/she must demonstrate behavior that will be pleasing to Jesus Christ.

**THIS FORM SHOULD ONLY BE SIGNED IN FRONT OF A NOTARY PUBLIC.**

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature & Seal

\_\_\_\_\_  
Date

**Mail** to Grace Flynn, Registrar, 139 N. Sharon Dr., Scottsburg, IN, 47170. Call 812-528-8348 with questions. Or **email** [graceflynn83@yahoo.com](mailto:graceflynn83@yahoo.com). **Donations** can be mailed here also. Checks should be made payable to "CCA ABWM."

2024 CCBA E KY Mission Trip Youth consent Form.docx

## 2024 Coffee Creek Association General Information for Perry County Mission Trip

**Many details cannot be finalized until after the registration deadline** since that is when we will know who is driving, how many people are going, etc. We have a contact in Perry County who needs these details before he can finalize the details for us. **Once they are known, they will be shared with you.** Most communication happens via email; for those without email, you will be called. **Please check your email daily** in the week prior to our departure date. Our work assignment hopefully will be made known before we arrive in Hazard/Perry County. If it is, you will be notified. Once we know, you may be invited to bring some appropriate tools.

### Transportation

Expect to meet somewhere so that carpooling and caravanning can happen (if you wish). Because we are expecting volunteers from the entire state of Indiana, we may have more than one meeting location. (As a point of reference, Hazard is approximately 3.5 hour drive from Louisville, KY.) We expect to meet on the afternoon of June 2 and arrive in Hazard/Perry County that evening. We can pay for your gas if you drive your own vehicle if you wish to be reimbursed.

### Housing

This too will be finalized after the registration deadline so we have a "head count" but we expect to be housed in a church, free of charge. Some churches provide cots, some do not. You should have a backup plan for "mattress" (Examples: air mattress, foam pad, sleeping bag, etc.) in case they do not have cots for us. Depending upon the size/layout of the church, we may be able to divide among their Sunday school rooms or we may need to split into men in one section and women in another section. The churches we have stayed in on previous trips have had shower facilities.

### Meals

Sometimes we are fed by people of the church and sometimes we cook for ourselves. We eat 3 meals per day and have snacks so you will be well fed!

### Miscellaneous

We will watch the weather of course while we travel and work in KY. Weather can change our work assignment too. **We always promote safety!**

There may be opportunities for you to volunteer with portions of our trip. Some examples may include: transportation to Hazard/Perry County, transportation to work sites, food/cooking, photographer, devotions. You will have opportunity to sign up the week before we depart. Expect more details the week of May 27! Be sure to check your email!

### Packing

You will need your own bedding (pillow, blankets, sheets), your own personal hygiene items (soap, shampoo, razor, etc.), towels, washcloths, personal clothing to wear while working (the kind that could get really dirty/stained), pajamas, your medications, cell phone & charger for your phone & other personal items. Depending upon our work assignment, you may want long sleeve shirts and long pants and boots. You may need insect repellent and sunscreen. **Open toed shoes are not permitted at the worksite!** If you can, bring work gloves and safety glasses.

**Thank you for going as the Hands and Feet of Jesus! We go to be a blessing and  
You too will be blessed beyond measure!**