

# Mexico 2021

## Dates

Feb 10 – 15

## Price

\$650

## App. Due

Sept. 20, 2020



Greetings!

We are so excited to be going back to Mexico! Missions is ALL ABOUT RELATIONSHIP! That is why we are going back to serve at, partner with, and visit the ministries and organizations that we visited in 2019. Though we won't be doing all of the same things, we will certainly see many of the same people.

Whether this is your second time, or first time, the goal is the same; to glorify our God and show His love to everyone. We will be serving and assisting those who are already laboring in country. Some of our projects will include (but are not limited to):

- Building projects with *Strong Tower Ministries*.
- Providing meals, water, prayer & support at the TJ Dumps
- Cooking for the staff and children at DOFO

In Him,

Joe Martin – Youth Pastor

# Application

\*Please Return by **SEPTEMBER 20, 2020**

## General Information

Full Legal Name \_\_\_\_\_ Male  Female

Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

## Travel Documentation

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Country where it was issued \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

# Emergency Information

Are there any medical restrictions or disabilities that we should know about?

---

---

---

---

What is your blood type?

---

---

---

---

List any known allergies to Medications, foods, insect bites, etc.?

---

---

---

---

Has any allergic reaction ever required emergency medical care?

---

---

---

---

Do you have any re-occurring health problems?

---

---

---

---

Please list any current medications you are taking.

---

---

---

## Team Travel Policies

1. Each team member will be responsible for his own travel, room and board expenses, paid via trip cost. Team members will adhere to payment schedules.
2. Team members are expected to attend all pre-trip meetings (Student Leader Meetings).
3. Team members are expected to participate in all fund-raising events associated with the trip they are planning to be part of.
4. Alcohol, tobacco, and non-prescribed drugs are not allowed in any form. This applies to any use, transportation, or possession of any of the above substances from the time of assembly of the team for departure until disbursement of the team on return.
5. Team members agree to abide by the behavior and dress codes set by the leadership for each trip and to respect the judgment and position of the team leader in these matters at all times. This includes purchase of souvenirs, use of jewelry, clothing style, hairstyle and make-up, which shall be appropriate to the cultural setting. Team members must see themselves as guests who are there to serve, not to be served.
6. Each team member will be responsible for his own belongings at all times and must account for checked baggage at all checkpoints and / or transfers. In addition, members may be given team items to check and transport. These items become the responsibility of members just as their own belongings.
7. All team members must function as a team at all times. Accountability to the team leader is mandatory at all times. Team schedules must be followed for all of, but not limited to the following: lights out and quiet time, wake up, team devotions and other meetings, work schedules, and all meals. At all times, including free time, the team leader must know where each member is. This is the responsibility of the individual member.

It is understood and agreed to by all Team participants that the code of conduct described in this document, and other requirements set forth by the leadership, including any team leader, are mandatory behavior. Leader reserves the right at all times to deny participation or terminate participation in any trip or event when this agreement is not honored.

---

Applicants Signature

## Consent for Medical Treatment [of a minor] and General Release

Whereas, my son/daughter/dependent, \_\_\_\_\_, wishes to be a member of the Mexico Missions Team, which will be traveling to and staying in Baja California, Mexico and whereas, certain circumstances and situations may occur resulting in their need for medical/dental care and treatment, and further resulting in their or my inability to personally give consent for such care and treatment:

Therefore,

1. I, \_\_\_\_\_, being a legal parent/guardian, authorize any agent of Crescent City Foursquare Church to act on the behalf of \_\_\_\_\_, my dependent, should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care on my dependents behalf.
3. Any consent by the team leader shall have the same force and effect as if I had personally given the consent.
4. I understand that medical insurance in foreign countries may not or may not be provided by Crescent City Foursquare Church and that I am authorized to purchase my own if needed.
5. I hereby release and hold harmless Door of Faith and Crescent City Foursquare Church its officers, employees, and representatives/volunteers from all liability for personal injury, medical expenses including death, as well as all property damage or loss arising out of my participation in this trip.

\_\_\_\_\_  
Parent/Guardians Signature

\_\_\_\_\_  
Date

## **Consent for Medical Treatment and General Release**

Whereas I, \_\_\_\_\_, wish to be a member of the Mexico Missions Team, which will be traveling to and staying in Baja California, Mexico and whereas, certain circumstances and situations may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment:

Therefore,

1. I, \_\_\_\_\_, being of legal age, authorize any agent of Crescent City Foursquare Church to act on my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care on my behalf.
3. Any consent by the team leader shall have the same force and effect as if I had personally given the consent.
4. I understand that medical insurance in foreign countries may not or may not be provided by Crescent City Foursquare Church and that I am authorized to purchase my own if needed.
5. I hereby release and hold harmless Door of Faith and Crescent City Foursquare Church its officers, employees, and representatives/volunteers from all liability for personal injury, medical expenses including death, as well as all property damage or loss arising out of my participation in this trip.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

# Insurance Coverage Summary

## Illness

### **Medical Expense Benefit - *Maximum Amount of Benefits:* \$500**

Applies when an individual suffers illness, while insured, which requires the care of a physician, emergency room, hospital stay, or prescription drugs.

## Accident

### **Medical Expense Benefit - *Maximum Amount of Benefits:* \$25,000**

Applies when an individual suffers an injury, while insured, which requires the care of an physician, emergency room, hospital stay, or prescription drugs.

### **A. D. & D. - *Maximum Amount of Benefits:* \$25,000**

Loss of life or limb, which results from an accidental injury, while insured, and death or dismemberment, occurs no more than 90 days after the accident.

## Travel

### **Interlude - *Maximum Amount of Benefits:* \$1,500**

**Our Insurance carrier will pay charges for transportation (up to \$300), including receipted lodging, meals, etc. when, while insured, an individual needs to return home before the team's travel is complete due to personal illness or injury, or emergency from immediate family.**

To file a claim, please call:

**1-800-457-3685**

Your Policy Holder is:

**ICFG**

Please contact our World Impact Teams office for further details, exclusions or a complete copy of our insurance policy: 888-635-4234 ext. 4339.

***Please retain this page for your files.***