

# Mission 2022: Knoxville, TN June 27- Late Night July 3

## 2022 Knoxville, TN Initial Mission Registration

Student Name: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student DOB: \_\_\_\_\_ Age as of 6/1/22: \_\_\_\_\_

Address (city,state,zip) \_\_\_\_\_

Student Email: \_\_\_\_\_ Student 2021-22 Grade: \_\_\_\_\_

T Shirt Size:     S     M     L     XL     XXL     Student 2021-22 School \_\_\_\_\_

Please list any allergies or medications:

\_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Phone 2 (optional): \_\_\_\_\_

Address \_\_\_\_\_

Parent Email: \_\_\_\_\_

Teen's Emergency Contact Name, Phone Number, & Relationship (not parents):

\_\_\_\_\_

### Chaperones

Yes, I would like to Chaperone, please send me more information \_\_\_\_\_ (No Fees for Chaperones- it's covered)

No, but I'll be praying for all attending! \_\_\_\_\_

**I understand that by submitting my down payment & completed registration form that I also need to attend & participate in Mission fundraisers (for the extra costs of the bus, etc.)** Even if I plan to pay the minimum \$500 individual fee in full, I understand it costs roughly \$1,000 to pay for one person when other costs factor in. (All money overages will go into the general mission fund once my minimum is met.)

I hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by St. Matthew or Shepherd of the Hills Catholic Parish and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of Area Religious Education Programs and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture or my child's picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/photographs.

**I understand and will abide by the Alive in You Policy to keep my phone in my room while at camp.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A link will be sent to the parent email address for additional registration information needed & as confirmation of receiving the registration.

**\*\*\* Attach a copy of both sides of teen's insurance card to this form.**

**\$100 non refundable Down payment due with form (if on or before October 22, 2021)**

**\$110 non refundable Down payment due with form (if on or before Jan 3, 2022)**

**\$250 non refundable Down payment due with form (if after Jan 3rd, 2022)**

Checks should be made payable to "SOTH" memo line: *Mission Trip* & MAILED to

**Anna Kraus % Mission Trip**

**W1562 County Rd B**

**Eden, WI 53019**