

MILWAUKEE MISSION 2010



CHURCH OF ST. PETER
Roman Catholic Community

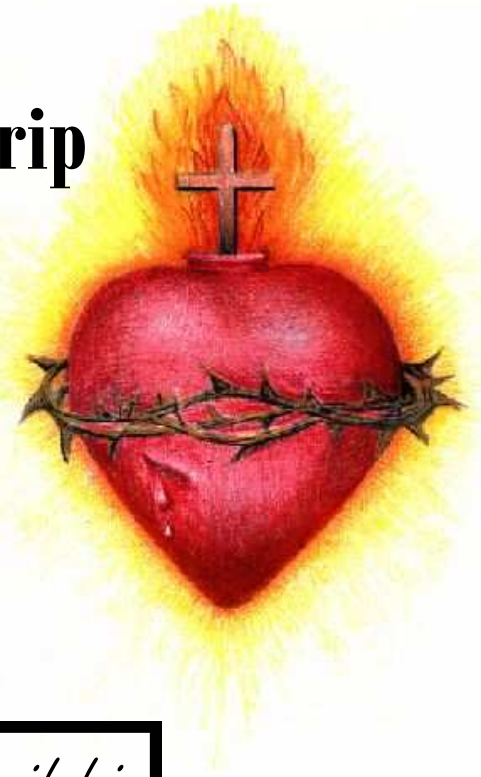
High School Mission Trip

June 20-26, 2010

Through Catholic Heart Work Camp

Led by Church of St. Peter

Youth Ministry



"each man should give what he has decided in his heart to give, not reluctantly or under compulsion, for God loves a cheerful giver."
—11 Corinthians 9:7

Return registration forms by May 1st, 2010 to

Hannah Keisling—651.777.8304 ext.317

Images from <http://fmarkdwhite.wordpress.com/2008/10/16/the-religion-of-jesus/> and <http://www.flickr.com/photos/91835518@N00/908982646/>



What is a Mission Trip?

A mission trip is a time when we go out to help those who are in need. Mission work consists of many different kinds of “work” and can take many forms. As Catholics, we are called to “go out and make disciples of all the nations” (Matthew 28:19). Mission work is one way to start doing this. Some people think of missionaries as people who go door to door and spread God’s Word. We won’t be doing that kind of mission work. Instead, we are going to spread the Good News of Christ through our loving actions.

The mission of Catholic Heart WorkCamp is . . .

First: to share the love of Jesus and serve the neglected, brokenhearted and marginalized in any way needed. The Catholic HEART Workcamp mission is to revitalize communities and beautify homes for the elderly, disabled and those who cannot afford needed repairs. Our goal is to inspire participants to serve in their local communities.

Second: To empower participants to live as disciples of Christ through serving others. To foster the spiritual growth of each participant through the sacraments, Catholic faith sharing and prayer.

During our week in Milwaukee, we will be going to various worksites and doing things such as painting, yard work, visiting with residents, etc. We will be working as a team at all worksites. There will also be some free time in which you can rest and relax with friends. At other times, we will be participating in the Sacraments such as Mass and Reconciliation.

All meals are included, but you can bring extra cash if you want to purchase snacks during the week or during our drive. If you can, bring a lunch for our long drive on Sunday morning so that we can get there in time for check-in.

If you have any issues paying for this trip, please let us know as there may be scholarship money available for those who need it. If you have any further questions about the trip, please do not hesitate to contact Hannah Keisling at the parish office.

God bless,

Hannah Keisling
Director of Youth Formation
Church of St. Peter
2600 North Margaret St.
North St. Paul, MN 55109
651-777-8304 ext. 317
hkeisling@churchofstpeternsp.org

Archdiocese of St. Paul/Minneapolis
Parental/Guardian Consent Form and Indemnity Agreement

Turn in this completed form, along with payment (cash or checks made out to Church of St. Peter), to the parish office on or before Saturday, May 1.
Call Hannah with more questions at 651-777-8304 ex 317 or check www.churchofstpetersp.org under youth events for more information.

MILWAUKEE MISSION TRIP 2010
Through Catholic Heart Workcamp

Participant's name: _____ Date of Birth: _____ Gender: ____ Grade: ____
Home address: _____ Home Phone: _____
Mother's name: _____ Work Phone: _____ Cell Phone: _____
Father's name: _____ Work Phone: _____ Cell Phone: _____
E-Mail: _____

Date of event: Sunday, June 20-Saturday, June 26, 2010
Type of event: Work camp/Mission Trip
Destination of event: Milwaukee, WI
Individual in charge: Hannah Keisling
Estimated time of departure and return: 7:30am (Sunday)-3:00pm (Saturday)
Mode of transportation to and from event: Carpool
Student cost: \$400 (includes \$50 deposit due by May 1st, 2010)

I, _____, grant permission for _____,
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. I agree to indemnify The Church of St. Peter and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against The Church of St. Peter/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by The Church of St. Peter and the Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Medical Information:

Medication my child is taking at present:

Family Health Plan Carrier: _____ Policy #: _____
Family doctor: _____ Phone: _____
Allergies and/or Other Medical Conditions: _____

As Parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

___ yes, I would like to chaperone for this event
___ no, I cannot chaperone this time

Archdiocese of St. Paul/Minneapolis
Parental/Guardian Consent Form and Indemnity Agreement

Turn in this completed form, along with payment (cash or checks made out to Church of St. Peter), to the parish office on or before Saturday, May 1.
Call Hannah with more questions at 651-777-8304 ex 317 or check www.churchofstpeternsp.org under youth events for more information.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

Medical Treatment: In the event it comes to the attention of **the Church of St. Peter**, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: Church of St. Peter will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____ You

should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the Church of St. Peter

In this event sponsored by the Church of St. Peter

On Sunday, June 20-Saturday, June 26, 2010

Please read and sign.

I, _____, WILL:

Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.

Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, **the Church of St. Peter** can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Hannah Keisling, 2600 North Margaret St., North St. Paul, MN 55109

No later than: Saturday, May 1, 2010

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.