



2013 Spring Break Service Week Information

When : Tuesday, March 26 -Thursday, March 28.
*Meet at TFCA Youth Office at **7:45am**
*Pick-up from the TFCA Youth Office at **5:30pm**
Drop Off / Pick Up
150 S. Washington St. Suite 100 Falls Church, VA 22046

Where : We're partnering with various service organizations in Washington, DC. and Northern Virginia

Who : Any middle school student interested in serving in DC over their spring break.

Cost : \$75 includes: transportation, trip materials for the students

Why : Because we love God, we care about the people and places he cares about. Therefore, we desire to serve and understand the city of DC that we live in.

"The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.'" -Matt. 25:40

Note to Parents

Because of registration limitations, please have your students fill out the registration form and send it back right away! **We are only able to take 15 students.** We will notify you of acceptance status as registration forms are received.

ALL registrations are due by March 16, 2013

Mandatory Pre-Trip meetings will be held 3/23, 2:00PM (In Youth Office)

Questions?

Please call Eric Garner @ the Youth Ministry Office (703-298-7369)

SPRING BREAK SERVICE WEEK 2013

Please fill out only one form per student attending

Student's Name _____ ☐ Male ☐ Female

Parents' Names _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

School _____ Graduation Year _____

Have you ever been on a missions trip with Crossroads/The Falls Church? ☐no ☐yes

medical and emergency contact information

Parents' Phone (during trip) _____

Additional Emergency Contact _____ Relation _____

Emergency Contact's Phone _____

Health Insurance Policy Carrier _____ Policy ID Number _____

Does the student have allergies? ☐no ☐yes (please list) _____

Does the student take medications? ☐no ☐yes (please list) _____

Please bring all medications at registration.

Parent Permission Form

Authorization to Consent to Treatment of a Minor and Legal Release

I/We, the undersigned parent(s) or lawful guardian(s) of _____, a minor, authorize The Falls Church to serve as my/our agent for determining the need of, and for authorizing, any diagnosis, treatment, and medical care (including, but not limited to determining the type of health care professional and hospital care needed) determined by The Falls Church to be advisable during the 2013 Service Week. I/we understand this authorization is given in advance of any specific diagnosis, treatment or medical care being required, and is given to provide authority and power on the part of The Falls Church to give specific consent to any and all such diagnosis, treatment or medical care that the health care professional in the exercise of his or her best judgment may deem advisable.

LEGAL RELEASE

In consideration of The Falls Church determining the need for, and type of, diagnosis, treatment, or medical care (if any), I/we release The Falls Church from any and all liability whatsoever for bodily injuries, property damage, or other claims sustained during or related to the diagnosis, treatment, and medical care. I/we also agree to indemnify The Falls Church its agents for, and hold The Falls Church and/or its agents harmless from, any and all claims or suits brought by any person or entity to the extent of any and all costs, expenses, damages, judgments, verdicts, and/or attorneys' fees.

LIABILITY FOR VANDALISM OR DAMAGES

I/We agree that aforesaid minor will be held personally responsible for any vandalism, and for damages caused by negligent behavior or failure to follow trip rules.

Parent Signature

payment information

The cost of the trip is \$75 which should accompany this payment form. Please make checks payable to The Falls Church Anglican and place student's name on the memo line. Check the box below for more information on scholarships.

- ☐ Check Enclosed (Ck# _____) \$ _____
☐ Please send me information about receiving a partial scholarship or scholarship loan.

**Please detach this section and mail
registration and payment by 3/23/13 to:**

Crossroads Serve the City

c/o Marti Alderfer
The Falls Church Anglican
150 S. Washington St
Suite 100.
Falls Church, VA 22046

***Your spot will not be saved until all payments,
forms, and applications are complete. Registration
will not be reviewed until all forms are complete.***

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Student Section (Student must fill out)

I want to participate in the Spring Break Missions Trip because.....

How do you think going on the spring break mission trip relates to your faith in Jesus?
