

First and Last Name _____ Current Grade Level _____

In order to be considered for participation in the mission trip 2019 program, your tuition account must be in good standing. Please submit this application to Sr. MB in room 139. We will present the list of applicants to the administration for their approval.

1. this application and attached BSM Permission Form - Tuesday, January 22, 2019
2. passport copy valid through December 31, 2019 and BSM medical paperwork - Friday, March 1, 2019
3. Although no vaccinations are required to enter Guatemala, we recommend you consult with your doctor and have the following vaccinations or boosters before going to Guatemala:
Tetanus Toxoid or DT (a combination of tetanus and diphtheria) & Hepatitis A and B Vaccines

***Note that you will be charged a \$1,100 non-refundable deposit in February and three installments of \$600 in March, April and May. ***

Do you have prior experiences with respect to service, social awareness, and leadership? If so, please list them.

What motivates you to serve as a member of this team?

What strengths and talents do you have to share with the team and children we will meet?

What do you see as potential challenges for you participating in this program?

We will be working at construction sites for at least eight hours per day for four days. Are you able to lift at least twenty-five pounds and work on your feet? What kind of an impact do you think that the construction work will have on you?

You will be limited to one carry-on bag and your school backpack. Will you be able to pack everything that you need in these two bags? Please use the back side of this page as needed for your responses.

**Benilde-St. Margaret's School
Permission Form**

Parent/Guardian Consent Form & Indemnity Agreement

Date of Trip: July 9 – 17, 2019
Destination/Event: Guatemala
Individual/Coach in Charge: Matt McMerty-Brummer and Megan Hansen
Mode of Transportation: Air/ Bus
Student Cost: \$2,900

By signing and submitting this form, I agree to have my child's tuition account charged a non-refundable deposit of \$1,100. The remaining balance will be charged in three installments of \$600.
PLEASE PRINT FIRST AND LAST NAME

I, _____, grant permission for _____
(Parent/Guardian) (Student)
to participate in the above trip and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Benilde-St. Margaret's School and the Archdiocese of St. Paul/Minneapolis from any claim or lawsuits brought against Benilde-St. Margaret's School and/or the Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arise out of any behavior by my child at the event or activity described above. I also agree to pay reasonable attorney's fees or expense incurred by Benilde-St. Margaret's School and/or the Archdiocese of St. Paul/Minneapolis in defense of such a claim or lawsuit.

Emergency Medical Treatment: In the event of an emergency, I 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, please contact.

Parent/Guardian: _____
(Name) (Home Phone)

(Work/Cell Phone)

If unable to reach, contact: _____
(Name)

(Home Phone) (Cell Phone)

As parent/guardian, I agree to all of the above stated considerations and conditions.

(Parent Signature) (Date)

****Please note that students will not be allowed to participate unless this form is signed and returned prior to trip date.**