

PROJECT ECUADOR

Code of Behavior

Welcome to the PROJECT ECUADOR youth mission trip to Valle Hermoso, Ecuador. We appreciate the 14 adults accompanying us on this trip as well as our Ecuadorian hosts. Recall during the duration of the trip that you are witnesses to the love and power of Jesus Christ working in and through you. We ask you to project an image of Christian consideration, sensitivity, and respect to everyone and to the property around you. We are confident that you will display the maturity and responsible leadership and character that have become trademark qualities of Catholic youth on missions. Thanks in advance for your cooperation!

Although your assigned adult group leader will supervise his or her specified participants, you are ultimately responsible for your own behavior, and you and your parents are responsible for any damage, theft, or other liability that occurs as a consequence of your actions.

Expectations:

1. Participants are expected to join in all activities.
2. Quiet time will be observed each night starting at 11pm.
3. We are a community of believers representing the one, holy, and catholic Church. As a community we may not exercise behavior that intentionally excludes other. There will be no physical contact between young men and women on this trip, outside of what is appropriate in a group context. Also, roughhousing, play fighting, or hitting others is not allowed.
4. Absolutely no name calling, put downs or inappropriate language.
5. Participants are to follow directions of group leaders at all times and in an expedient manner.
6. No littering.
7. Remember that you are representing your Church, your country, your diocese, your parish, and your high school on this trip

Overarching rule: Respect God, yourself, others and property.

(please read and sign agreement on reverse side)

Grounds for Expulsion

1. No drugs* or alcohol, including cigarettes, cigars or chewing tobacco, are to be in participant's possession or consumed by participants under any circumstances at any time during the trip.
2. No weapons, firearms, fireworks, or flammable materials.
3. At no time will guys be allowed in the girl's sleeping areas and vice versa.
4. Participants are to stay with group and appointed adult leader at all times.

* Medications prescribed to you must be registered with trip nurse.

Behavior Agreement

As a Catholic Christian, I agree to conduct myself in manner which is consistent with the spirit of this mission trip and which will not infringe upon another's enjoyment or experience of this service trip to Valle Hermoso. Ecuador. I further understand that if I am under 21, my Parent(s) / Guardians will be notified of any infractions that require my dismissal from group activities by collect call or upon the group's return. **In the event that my actions are serious enough to warrant expulsion, I or my parents agree to pay necessary fees involved in purchasing tickets to send me home.**

Participant Signature _____

Parent(s) Signature(s) (if under 21) _____

Date _____

PROJECT ECUADOR
PERMISSION FORM AND RELEASE
(for those under the age of 21)

I understand that my youth, _____, will be participating in Project Ecuador, the Kingdom Construction Company mission trip to Ecuador. My youth will travel by bus to Chicago, fly to Quito, Ecuador, with stops to change planes in Guatemala City, Guatemala and San Jose, Costa Rica. In consideration of allowing my youth to participate, I have instructed my youth, and my youth agrees to follow the rules of conduct and expectations established for the mission trip as directed by the leaders of the trip.

My youth and I understand that the purpose of the mission trip is to respond to God's call to holiness, building community, and being of service. My youth is willing to respond to this call by respecting the goals of this mission trip and complying with behavior that demonstrates his/her complete respect for KCC and Little Flower Catholic Church, which s/he represents.

Liability, Medical, Transportation Releases

I, the guardian, request that the Director of Youth Ministry (DYM) and his/her agents: perform emergency first aid for my youth when necessary and possible; give my consent for emergency medical treatment in the event I cannot be reached; provide over the counter medications if requested by my youth; and allow my youth to take advantage of transportation offered by our hosts. By signing below, the legal guardian grants permission for their above-named youth to participate in this trip, and agrees to release from any liability and to hold harmless the DYM, Little Flower Catholic Church and its agents, and the Diocese of Fort Wayne/South Bend. Guardian agrees that his/her own insurance company, if any, will be the primary payer for any injury or loss incurred by his/her youth as a result of their participation in this youth event.

Zero Tolerance Policy

Possession and/or use of illegal drugs, alcohol, tobacco, or firearms are strictly prohibited. Any infraction against this policy will bring immediate expulsion from the activity. Parent(s) will be notified immediately and will be required to provide transportation for the offender. Further consequences will depend on the infraction and circumstances.

Participant Signature/Acceptance of Terms

Date

Parent or Guardian Signature/Acceptance of Terms Date

Medical/Insurance information form filled out on the back of this sheet.

**MEDICAL/ INSURANCE INFORMATION
EMERGENCY MEDICAL AUTHORIZATION
(Adult participants, please address what is applicable to you)**

Participant's Name _____ SS# _____

Birth Date _____ Sex _____

Parent / Guardian Name _____

Address _____ City/State _____

Home Phone _____ Work Phone _____ Cell Phone _____

I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. I hereby warrant that, to the best of my knowledge, my youth is in good health; and I assume all responsibility for the health of my youth. In the event of emergency, I hereby give permission to transport my youth to a hospital for emergency medical or surgical treatment. In event of an emergency, if you are not able to reach me at the above numbers, contact:

Name / Relationship _____ **Phone #** _____

Family Doctor _____ **Phone #** _____

Family Health Plan Carrier _____ **Policy #** _____

Please initial one of the following:

_____ I hereby grant permission for nonprescription medication (such as Tylenol or anti-diarrheal) to be given to my youth, if deemed advisable, by our group nurse or adult chaperones.

_____ No medication of any type whether prescription or nonprescription may be administered to my youth unless emergency treatment is required.

Please list any special medical conditions, allergies, and/or current medications of your youth:

Signature _____ **Date** _____