

Heart of the Rockies Christian Church  
**CYF Mission Experience**  
**Blue Theology in Newport Beach, California // July 1-11, 2022**

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May 5, 2022

Dear Mission Tripper,

Agape is a word of our faith that describes the unconditional love that God has for all of God's people, and it is the same love God invites us to live out loud. These "Agape" Trips are lessons in love. We will go with open minds and hearts, seeking to build relationships with each other and our hosts, while exploring what it means to love our neighbors in ways that are relational, sustainable, and rooted in God's justice. We hope to discover how to use our gifts and passions so that we might return empowered with new tools to work toward the world God envisions in our own communities.

Students who participate will have completed 9th– 12th grades, have a desire to grow in faith, have fun and serve others. We are partnering with First Congregational United Church of Christ in Loveland for this trip. Their Disciples of Christ pastor, Thandiwe Dale-Ferguson, knows many of our students from camp. She will be joined by her two adult youth leaders, along with our pastor, Wendy Davidson, our Youth Ministry Director, Rachel Nelson, and our Youth Ministry Volunteer, Ben Nelson.

We will partner with Blue Theology, a Disciples of Christ/United Church of Christ mission station that offers meaningful service projects and energetic learning experiences, realizing that through fun and inspiring programming they are creating Blue Theologians, who are advocates for a healthy ocean. The Blue Theology Mission Station partners with local educational organizations focused on marine biology. They also offer a program that encourages faith formation through reflection and creativity. Hands on projects include beach clean ups, sand dune restoration, and scientific data collection. Groups are challenged to explore ways to promote ocean stewardship in their home communities. Each day will also offer time for relationship-building, service, reflection, worship, and fun.

We will leave from HRCC early **Friday morning, July 1, and return Sunday evening, July 10.** We are grateful for the financial support HRCC provides for these experiences, offsetting the cost of participation substantially. (This year's cost is estimated to be \$1,200 per person.) **Your cost for this trip will be \$600, with balance after deposit (\$500) due June 1. Scholarships are available.** This includes travel expenses, mission registration, supplies, meals, lodging, and fun. This does not include extra spending money for personal donations, silly truck stop hats or souvenirs.

You will find the following forms and waivers enclosed:

- Participant Application (pg. 3) and Emergency Contact and Health Statement (pg. 4-5)
- Over-the-Counter Medications (pg. 6) and Informed Consent, Release and Waiver of Liability and Consent to Treatment (pg. 7)
- Covenant (pg. 8-9) and Volunteer Service Hours Timesheet (pg. 10)

**Please return pages 3-9 fully completed along with a clear copy of the front and back of your insurance card and the attached media release and Blue Theology Covenant to the church office no later than Sunday, May 15, 2022.**

Parents of 18-year-old mission trippers, we do need your signature on the parent signature lines in addition to their signatures. These young adults are still considered youth for mission trip purposes.

We're looking forward to an incredible trip! We invite you to pray with us as we learn and grow together, and experience all the amazing people and places through which God is at work in the world. Please don't hesitate to contact me with questions or concerns.

Peace,

Melissa (970-999-4083 // [melissa@heartoftherockies.org](mailto:melissa@heartoftherockies.org))

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**This page left blank so you can print double sided, keep the letter and turn in the forms...**

**Don't forget a copy of your insurance card!**

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**PARTICIPANT APPLICATION**

Name	Birthdate	Age at time of mission trip		
Address	City, State	Zip	Cell Phone	Home Phone
Grade Completed Spring/Summer 2022	Email	T-shirt size: S M L XL XXL		

**Please respond briefly and honestly to each of the questions below:**

Where have you noticed God in your life?
A Servant is...
How are you involved in your church?
Why do you want to go on this mission trip?
If you could pick 3 words to describe you, what would they be?
What gifts and talents are you willing to contribute to the mission project?
What concerns do you have about this trip?

**Please circle the numbers that best describe you.**

	Excellent			Needs Improvement
Flexibility/Adaptability	4	3	2	1
Servant's attitude	4	3	2	1
Sensitivity to others	4	3	2	1
Ability to get along well with others	4	3	2	1
Leadership potential	4	3	2	1
Ability to work hard	4	3	2	1
Acceptance of other people and cultures	4	3	2	1
Relationship with God	4	3	2	1

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**EMERGENCY CONTACT AND HEALTH STATEMENT**

*Entire form must be **completed** and signed by Parent or Legal Guardian. **Please print neatly.** Expand on additional page if needed.*

**PARTICIPANT'S NAME:** \_\_\_\_\_

**Mother / Guardian Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Father / Guardian Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Relationship to youth:** \_\_\_\_\_

**Participant's Doctor's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
Street City State Zip

**Insurance Information:** *Please attach front and back copy of insurance card*

**Policy Holder Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Immunization Record:**

Is the participant up to date on all recommended immunizations? **Yes / No** **Comment** \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List the **past history** of serious lacerations, injuries, serious illness, communicable diseases, or surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any **known drug reactions and allergies** which the participant has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the participant been **involved with drugs** of any kind? **Yes / No** Does the participant **smoke**? **Yes / No**  
Does the participant drink **alcohol** on any kind of recurring basis? **Yes / No** **comment** \_\_\_\_\_

**Swimming Ability:** \_\_\_non-swimmer \_\_\_beginner \_\_\_advanced **comment** \_\_\_\_\_

*(continued on next page...)*

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**EMERGENCY CONTACT AND HEALTH STATEMENT, part 2**

**PARTICIPANT'S NAME:** \_\_\_\_\_

List current **medications** (including prescription, OTC, vitamins, and/or supplements) the participant is taking (attach additional page if more than three):

name of medication	dosage/frequency	purpose	comment
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name of medication	dosage/frequency	purpose	comment
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name of medication	dosage/frequency	purpose	comment
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Indicate any **current ailments or medical conditions** the participant is experiencing: \_\_\_\_\_

Indicate any **restrictions to participation** in the activities planned for the group: \_\_\_\_\_

Explain any **dietary needs or restrictions:** \_\_\_\_\_

Explain any **major events, emotional or spiritual issues** important for leaders to be aware of:

**The above Emergency Contact and Health Statement is complete and accurate to the best of my knowledge.**

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTOGRAPH REPRODUCTION CONSENT**

By signing below, I give my consent for photographs to be taken of \_\_\_\_\_ during the CYF Mission Trip and to be reproduced and/or used in printed materials, slideshow presentations, social media, and/or websites which are associated with Heart of the Rockies Christian Church. I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OVER-THE-COUNTER MEDICATIONS**

Please fill out the following table for over-the-counter medications, which you give permission to be administered by an adult trip leader to your child should he/she develop the below symptoms while on the above indicated trip. This is for the occasional need should your child develop one of the symptoms listed.

**PARTICIPANT'S NAME:** \_\_\_\_\_

<b>SYMPTOM</b>	<b>MEDICATION</b>	<b>YES</b>	<b>NO</b>	<b>.....COMMENTS.....</b>
<b>Cough</b>	<b>Delsym Robitussin</b>			
<b>Allergy/runny nose</b>	<b>Claritin Benadryl</b>			
<b>Allergy/congestion</b>	<b>Sudafed Claritin D</b>			
<b>Fever, headache, pain</b>	<b>Tylenol Ibuprofin/Advil Aleve</b>			
<b>Diarrhea</b>	<b>Immodium AD Pepto Bismol chewables</b>			
<b>Constipation</b>	<b>Prune juice Grape-nuts applesauce</b>			
<b>Upset Stomach Indigestion</b>	<b>Tums Pepto Bismol</b>			
<b>Menstrual cramps</b>	<b>Aleve Ibuprofin/Advil Tylenol</b>			
<b>Bug Bites Poison Ivy</b>	<b>Calamine Analgesic spray Hydrocortisone</b>			
<b>Sunburn</b>	<b>Aloe vera gel</b>			
<b>Cuts, scrapes</b>	<b>Antiseptic Spray Neosporin</b>			

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

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**INFORMED CONSENT, RELEASE AND WAIVER OF LIABILITY  
AND CONSENT TO TREATMENT**

**Section A  
INFORMED CONSENT, RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_ (print participant's name), have applied and will be a participant in the CYF Mission Trip to Newport Beach, CA. I understand that the purpose of this form is to provide me and my parents/guardians with information regarding the risks and concerns involved. By my signature, and the signature of my parent/guardian, I/we understand each of the things stated herein. I understand precautions are taken to keep safe all participants, but I must pay attention and follow instructions, rules, regulations and all guidelines, which are given to govern my conduct.

I understand that we will be traveling by van to and from Newport Beach and surrounding areas, participating in community service and service-learning activities similar to or including working in homeless shelters, community centers, community gardens, and social justice related work with Blue Theology and its partnering organizations. I understand we may be in or near mountains, plains, ocean beach, lake, river, pool, or other outdoor environment where supervised outdoor activities and swimming will be allowed without a lifeguard or similar safety personnel. \_\_\_\_\_ **Initial here please**

In consideration of Heart of the Rockies Christian Church (Disciples of Christ), their agents, employees, and governing bodies, I hereby assume all risks of injury, or loss of, or damage to, property arising from my participation in such experience. Further, I specifically release and forever discharge Heart of the Rockies Christian Church (Disciples of Christ), their agents, employees, and governing bodies from any and all liability, claims of demands for personal injury, sickness, or death, as well as property damage, and expenses, of any nature, whatsoever, which may be incurred by the above-named person.

I have read this agreement carefully and I understand the content of it. I am aware it is a waiver and release of liability.  
\_\_\_\_\_ **Initial here please**

**Section B  
CONSENT TO TREATMENT**

We/I the undersigned parent/guardian, adult, understand that our child, \_\_\_\_\_, will be attending an event with the above named church. We understand the above description of the event and its inherent risks and concerns, and are giving consent for our child to attend. The health history given is correct to the best of my knowledge and the person herein described has permission to engage in all activities except as noted. We hereby give permission for the designated adult trip leaders to provide routine medical care for our child for such minor injuries as scrapes and bruises, and to dispense the prescription and over-the-counter medications listed on my child's Health Statement and the Over-the-Counter Medications form. In the event she/he/they is injured while attending the event, and needs the attention of a doctor; we give permission to the medical personnel available and selected to order x-rays, routine tests, and treatment. Also in the event we cannot be reached in an emergency, we hereby give permission to the physician chosen by the event director to hospitalize, secure proper treatment for, order injections, order anesthesia, and/or surgery for the person named above. In the event it becomes necessary for the director to give consent for us, we agree to hold such person and Heart of the Rockies Christian Church free and harmless from any claims, demands, or suits for damages arising from the giving of consent so long as the treatment is administered by or under the supervision of a licensed physician. We/I assume complete financial responsibility for any and all care rendered under this authorization.

Participant Signature	Participant Printed Name	Date
Parent/Guardian Signature	Parent/Guardian Printed Name	Date
Witness Signature	Witness Printed Name	Date

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## COVENANT

This covenant is a vital agreement between trip participants, including youth and leaders, in partnership with God, to work together to create the best possible experience for all.

**This week I will:**

- Leave space for wonder
- Try new things and ask questions
- Be Present and Listen deeply
- Be inclusive
- Be flexible
- Take healthy risks
- Challenge and develop my relationship with God

**In order for these things to happen, I covenant with God and others to:**

- Participate to the best of my ability in all group activities, from work to worship
- Reach out to meet new people, make new friends, and treat people with compassion and kindness
- Respect others' need for quiet and rest, as well as respect "lights out" curfews set by my leaders
- Respect the housing provided for us and the space we share (e.g. bathrooms, sleeping areas, dining areas), other people's personal property, the people we meet on our trip, and their experiences
- Remain flexible and positive, even when things are difficult
- Check in with myself and let an adult know when I feel like I need space
- Refrain from activities which interfere in creating a Christian community for my mission experience

**In accordance with this covenant, I understand and agree to the following:**

- I will dress in a way that prepares me for the activities of the day. This includes wearing clothing appropriate for doing beach-clean-up work, getting muddy, going swimming, and spending time in the sun (a sun hat is recommended).
- I will abstain from artificial highs and lows. This includes drugs, tobacco, alcohol, and energy drinks. I will be sensitive to others by not bragging or joking about the use of alcohol or drugs.
- I understand that sexual activity, including cuddling, making out, intimate touching, and any form of sexual intercourse is not emotionally or spiritually healthy for a church event and is absolutely not allowed.
- I understand that sexual harassment is not emotionally healthy or appropriate for a church event and is not allowed. If I don't know the difference between flirting and sexual harassment, I will use caution and/or discuss it with an adult.



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**COVENANT** (continued)

- I will NOT bring any form of electronic games. Instead, I will bring cards or other travel games that connect me to my peers. If I choose to bring a cell phone, I understand that I do so at my own risk of loss or damage, and I will only use it at times designated by adult leaders. I understand this is to promote building relationships and community.
- Personal safety is a serious matter on this trip. I will not disregard the safety of my traveling companions or others. I will take care of myself and others in the work we do and in the time we spend together. I will stay with the group as expected, and will never leave the group or designated area without permission of one of my trip leaders.
- I understand that we will be traveling to a community that may be different from my own. I will be open to their values and traditions. I will do my best to “walk a while in their shoes” living, sleeping, and working as they do. I will taste their food, listen to their stories, sing their songs, and celebrate life with them.
- I understand that meeting others and being inclusive with other participants contributes to the well-being of the group and is part of the purpose of this mission. Therefore, I promise that I will not hang out with just one or two favorite persons.
- I understand additional rules or suggestions may have to be made by my group leaders based on their judgment. I will respect my leaders at all times and will follow their directions for my safety and the safety of others.
- If there is something that is disturbing, beyond my understanding, or far out of my comfort zone during this mission trip, I will take my concerns to the trip leaders.

If I break this covenant, I run the risk of being sent home at the discretion of the trip leaders and at the expense of myself and/or my parents. I understand I'm signing up to participate in a mission trip that will include working, learning, worshipping, sharing, and living in close community with others. **I understand and agree to abide by this covenant for the full duration of my mission experience.**

**Participant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that this is a covenant community, my child has agreed to abide by the above covenant, and failure to fulfill these expectations may result in their immediate expulsion from this event at the discretion of the trip leaders, and at my expense.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent email** \_\_\_\_\_ **Parent phone** \_\_\_\_\_

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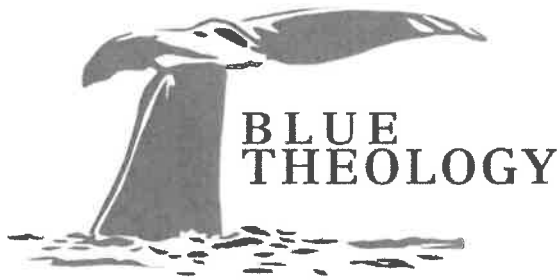
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**VOLUNTEER SERVICE HOURS  
TIMESHEET**

NAME: \_\_\_\_\_

Please log in the hours you have volunteered in service of others and have an adult leader sign off on it. 6-8 hours are encouraged for participation in the mission trip. Your work will not only help our community and church it will also build up our group and prepare us for the mission trip. These hours can be retroactive to Summer of 2021 of this year, but do not include personal fundraising efforts.

Work Description	Date of work	# of Hours	Leader's signature



## MEDIA RELEASE FORM

I, \_\_\_\_\_ grant permission to Blue Theology Mission Station to use my image (photos and/or video) for the following:

Brochures  
Emails  
Newsletters  
Website  
Publications

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or relating to the use of the image.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

On behalf of (if parent or guardian): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## Blue Theology Mission Station Covenant

*Note: Covenant must be signed by all participants (youth & adults).*

I agree to participate in all activities – sharing my gifts, my enthusiasm, and my concerns.

I agree to help create a community of love, acceptance, and caring for all persons attending.

I will care for and respect my body by not bringing or using alcohol or other drugs, cigarettes, vaping.

I agree not to participate in inappropriate behavior, sexual or otherwise.

I will love and respect the world God has created by caring for it and avoiding any activity that would harm the environment.

I agree to respect the property of others.

I agree to observe the specific rules of The Blue Theology Mission Station, which will be discussed at orientation.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_