

**TriForce Mission Team**  
Mission Trip July 6-12, 2025  
East Bank, WV

**Teen Registration Packet**

**Registration:** The mission trip is open to all Catholic teens entering 8th grade through graduating seniors as of August 2024. Registrations are accepted until September 22, 2024. Please complete and return the Consent and Liability page of this packet and \$75 non-refundable registration fee to reserve your space for the mission trip.

**Cost:** The total estimated cost for each participant is \$725, which includes the Group Mission Trips fee, transportation and miscellaneous costs (food when traveling, t-shirt, day off activities, etc.). However, each participant is only responsible for \$600 of this cost as we will be seeking corporate sponsorship for travel expenses this year. A \$75.00 nonrefundable deposit MUST accompany the Consent and Liability form. If the \$75 deposit will cause a hardship for the family, please contact Carrie. Additionally, each participant is required to obtain at least \$100 in personal sponsorship toward his or her account. The balance of \$325 can be earned by additional personal sponsorship, group fundraisers, or by paying the balance directly. Each participant's balance will be kept track of and a statement will be sent out periodically. If your trip balance has not been met by April 1, 2025, you will be notified of the remaining balance. All trip balances are expected to be met by May 15, 2025.

**Cancellations:** Deposits are non-refundable and non-transferable after September 22, 2024. All funds raised through fundraising and donations are non-refundable. Please let Carrie know by May 14, 2025, if you are no longer able to attend the mission trip. Otherwise, you will still be responsible for paying or raising any funds left on your account balance.

**Departure:** The Team will be leaving St. Louis Parish, Batesville on the morning of July 6th, 2025. However, **we will be celebrating Mass together on July 5th and loading the tools into the trailer after mass. Please plan to attend the Mass and loading tools.**

**Disclaimer:** All participants must leave with the team from St. Louis Parish on July 6th and will return with the team on July 12th. If an emergency arises that would require otherwise, we will make arrangements at that time. We reserve the right to call parents to arrange pick up of their teens at any time throughout the trip in the event of misconduct, injury, or illness.

**Website:** There will be helpful information available about fundraisers, events, and trip information (such as lodging information, sample menus, sample schedules, and much more) on the team website. Please visit the website at least once per month to keep up to date. While you are there, look for the hidden icon to receive a chance to win a \$25 scholarship toward your trip account! [Triforcemissionteam.org/members](http://Triforcemissionteam.org/members)

**Health & Safety:** By signing this form, you agree to the following for the health and safety of the team: Before attending a physical meeting or mission trip event; check your temperature each morning before meeting the team; If you have a fever or are feeling ill, call Carrie and do not attend; Wash your hands frequently and do not share drinks or food with others. Please know that we cannot guarantee anyone will not contract any communicable illness, during in-person meetings and events or during the mission trip week. By signing below, you acknowledge that there is an increased risk to contracting illnesses, and that you will not hold the Archdiocese of Indianapolis, or any parish, staff, or volunteer within the Archdiocese of Indianapolis responsible in the event of an infection.

**Teen Participant Expectation Throughout the Year:**

- The TriForce Mission TEAM is a team. Like all sports, academic, or other teams, you must make the practices to play in the game. Team members are required to attend monthly meetings and the events and fundraisers. The meetings help prepare everyone physically, mentally, and spiritually. The events and fundraisers help build friendships and raise money. A team building retreat is planned in November.
- Attendance will be taken at each meeting, but keep track of your attendance. Please notify Carrie if you will not be at a meeting or other team event. Unexcused absences may result in loss of your space for the trip. Meetings occur once per month on Sunday usually from 4:30-6:30 pm. **Tentative dates are 8/25, 9/22, 10/27, 11/10 – Team Building Retreat, 12/15, 1/19, 2/16, 3/23, 4/27, 5/18, and 6/22-Tool Safety Meeting.**

- Each teen is urged to participate in Youth Ministry programs offered by our connected parishes.
- Each teen is expected to participate in service events with the Team throughout the year. These may include
- Called 2 Serve (1 day local missions), parish events, and local service projects. Opportunities for these will be emailed to the email address(es) provided on your registration form.
- Each teen is required to attend weekly Sunday Mass and Holy Days of Obligation.

### Teen Expectations During Mission Trip:

- 100% participation in all programs. Be on time and participate in all evening devotions.
- Mass attendance when required by the adult leaders.
- No cell phones used during any of the programs. If you talk, text or play on them, your phone will be taken by an adult leader and returned at the end of the trip.
- All participants are expected to be in their sleeping spots and quiet by “lights out” at 11:00pm.
- Cell phones off at 11:00pm (when lights are out).
- No teen is permitted to leave the school campus at any time, except to your work site. If you need something, check with an adult leader, and they will get it for you.
- All teens will sign and adhere to the Code of Conduct as well as all rules set forth by the Youth Minister(s), Archdiocese of Indianapolis, and the connected parishes.

### Parent Expectations:

- The TriForce Mission Team relies heavily on parental involvement to make our program a success. **As a parent, you will be asked to assist with various fundraising projects, service projects, and chaperoning of events.**
- Ensure that your teen’s participation in monthly meetings, periodic service projects, and fundraisers is prioritized as a part of their growth in faith and as a member of the mission team.
- All parents who help with youth activities MUST complete the Safe Parish online program, have a current (within 5 years) background check on file at the parish office, and have signed a Code of Conduct as required by the Archdiocese of Indianapolis.

### Teen Code of Conduct:

1. I agree to respect the rights and property of others. I understand that neither vandalism nor stealing will be tolerated. Financial obligations resulting from such behavior will be my, and my family’s, sole responsibility.
2. I agree to respect adult leaders and other participants.
3. I agree to demonstrate Christian values by my language and behavior.
4. I will not participate in games or activities that may lead to inappropriate behavior.
5. I understand that the following behavior is appropriate conduct.
 

• One armed side hugs	• Verbal praise	• Handshakes
• High fives and hand slapping	• Arms around shoulders	• Hold hands during prayer
6. I understand that the following behaviors are samples of inappropriate conduct. Please note that this list is not inclusive.
 

• Kissing	• Inappropriate touching	• Comments that relate to a youth’s body.
• Massages of any kind	• Verbal sarcasm	• Any form of unwanted affection
7. I agree not to possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, guns or items that would endanger people, pets, wildlife, or property, or are illegal.
8. I agree to dress appropriately. I understand that this prohibits short shorts, tank tops, any clothing that exposes mid-drift or undergarments, or that has any reference to profanity, tobacco or alcohol products including insignias or advertisements. (When an event may allow for a bathing suit or other such attire, this may be done modestly and in good taste.)
9. I will act as a lady or gentleman and refrain from any profanity or inappropriate language or behavior.
10. I will not leave an event, unless my adult leader grants permission.
11. I will not use my cell phone, or other electronic device during Mission Team meetings or events. During the mission trip, I will not use such electronic devices at my worksite, during programs, or during devotions.
12. I will be open to building new relationships with my peers and adult leaders.

**2025 TriForce Mission Trip to East Bank, WV  
Consent Form and Liability Waiver**

Participant's Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Address/City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent1 Cell \_\_\_\_\_ Parent2 Cell \_\_\_\_\_ Teen Cell\* \_\_\_\_\_  
Emergency Contact (if parent cannot be reached) \_\_\_\_\_ Phone \_\_\_\_\_  
Physician Name \_\_\_\_\_ Dr. Phone \_\_\_\_\_  
Parent Email \_\_\_\_\_ Teen Email\* \_\_\_\_\_

\*By providing youth cell and/or email, you give permission for your son/daughter to be contacted, via phone, text, or email, for reminders, events, and important information

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**HEALTH STATUS** (Confidential) Please list all health problems you may have (example: Asthma, Allergies, Diabetes, etc.)  
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**MEDICATION** Please list all medication participant is taking routinely (including over the counter and prescription). Bring enough medication to last the entire time at camp. Keep medication in the original bottle that identifies the physician, the name of the drug, the dosage and frequency of administration. Keep all over the counter medication in original packaging.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

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**MEDICAL INSURANCE** Provider \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

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**PARENT CONSENT** I, \_\_\_\_\_, the parent/legal guardian of this participant, **hereby grant my permission for him/her to participate fully in the mission trip, mission team activities, youth group activities, and Called 2 Serve activities for the 2024/2025 school year.** I give permission for my child to be transported in privately owned vehicles, Passenger vans, charter buses, or public transportation to and from approved out-of-institute activities. In the case of illness, I give permission for any adult at the event to perform first aid on my child when necessary and possible, and authorize any adult event leader to obtain and consent to emergency medical treatment in my place in the event I cannot be reached. I assume the responsibility of all medical bills, and for the release of medical records to an attending physician.

I have read and understand the guidelines, expectations, and Code of Conduct for the TriForce Mission Team participants in this packet. I understand that failure to comply with these guidelines may result in my child being excluded from the trip or sent home at my expense. **I am interested in being involved with this team and will participate to my fullest ability.**

I will not hold St. Louis Catholic Church, St. Anthony's Church, Holy Family Church, the Archdiocese of Indianapolis, or their associates or representatives responsible in the event of an illness or injury which occurs during the event, including any which occur at the event site or during transportation to or from the site. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reason, or otherwise, I hereby assume all transportation cost.

**PARENT** Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PARTICIPANT AGREEMENT:** I, \_\_\_\_\_, as a participant understand and agree to abide by the guidelines in this packet. I realize and agree that if I do not abide by these rules, I may lose the privilege of attending a scheduled activity, or may be sent home at the discretion of the adult leader at the expense of my parents. I will be responsible for all consequences of my behavior. I understand that, in some cases, my behavior or actions may be reported to my parents, school principal, and/or other authorities who may need to be aware.

**PARTICIPANT** Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Later Use (Please do not fill out below this line until April 2025)**

\_\_\_\_\_ I have reviewed this form and confirm that all information on this form is  
Initial Date accurate still or I have made appropriate changes.

PLEASE MAKE A COPY OF YOUR INSURANCE CARD TO TURN IN AT THE APRIL MEETING