

# GET AWAY GIVE AWAY 2025 REGISTRATION FORM

This form & \$200 must be returned to the EFC office 3495 W. 18th Ave. by January 17th. All money must be paid by March 1st. An additional \$50 will be added to late applicants. PLEASE FILL OUT THIS FORM COMPLETELY. We need it for travel insurance in Mexico.

NAME \_\_\_\_\_  
DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
T-SHIRT SIZE \_\_\_\_\_

EMERGENCY CONTACT/PHONE # \_\_\_\_\_

DO YOU HAVE SPECIAL DIETARY NEEDS? \_\_\_\_\_

## THIS YEAR'S TRIP:

**Price: \$575. per person ages 15 and older. \$200.00 for those under 15 years old.**

**Dates: March 20, 2025 through March 29, 2025. Vehicles leave early March 20th from Eugene.**

**The actual work time in Mexico is Mar. 22nd through Mar. 27th.**

For more information, check out Eugene Friends' Church's website [eugenefriendschurch.org](http://eugenefriendschurch.org) or call Clyde Parker at 541-915-4694. Registration forms can be dropped off at the EFC office 3495 W. 18th Avenue, Eugene, OR 97402 or emailed to [eugenefriends3495@gmail.com](mailto:eugenefriends3495@gmail.com). You will be placed on an email list for updated information and meeting times and places.

## PARENTAL CONSENT SECTION:

NAME OF CHILD \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
BIRTHDAY \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_  
PHONE \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_  
PHONE \_\_\_\_\_

### To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, whose name appears on this form, to attend and participate in the mission trip to Mexico sponsored by Eugene Friends Church called "Get-Away Give-Away" from March 20th, 2025 through March 29th, 2025. It is with my permission that they cross the border into Mexico.

We (I) authorize an adult in leadership of this event to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is

rendered at the office of said physician or at said hospital. If it is not feasible for treatment to be undertaken in the U.S., I consent to treatment in the best possible facility in Mexico that adult leadership has available

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the above mentioned minor. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned will assume all transportation costs.

I also hereby give my permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participation in this trip.

**SIGNATURE OF PARENTS:**

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_

Legal Guardian Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_

**OTHER IMPORTANT INFORMATION:**

Your child's insurance carrier \_\_\_\_\_ Policy # of carrier \_\_\_\_\_  
Emergency phone numbers \_\_\_\_\_

List all allergies, special food needs, medical issues, or prescriptions that your child may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_