



**Mission Outreach of Central PA Registration for  
Kiski Youth Mission Trip  
June 24-30, 2018**

Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

What church and / or school do you and your children attend: \_\_\_\_\_

What is your (child's) medical insurance name and policy number: \_\_\_\_\_

Group number: \_\_\_\_\_ Family Doctor's name: \_\_\_\_\_

Please list any special skills you may have (i.e., plumbing, carpentry, landscaping, etc.):

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

Please list any special needs and allergies you may have, including dietary needs:

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

Cost: \$100 "hold my spot" fee due by February 28, 2018.

Fundraising activities will be offered to assist with additional costs.

Send this registration form and check made payable to "Presbytery of Kiskiminetas" to:

Kiskiminetas Presbytery P.O. Box 339 71 West Main Street Yatesboro, PA 16263

I give permission for my son/daughter to attend the youth mission trip. In the event of injury, I release the Presbytery of Kiskiminetas and its leadership from any claim. I give permission for my son/daughter to ride in any vehicle designated by the adult in charge. I give permission for the person in charge to seek medical services for my child, if needed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_