

**Youth Service Trip- Egypt
Permission Slip**

****Can be mailed at the address below**

First Name _____ Last Name _____

Address _____

Church Attending _____

Father of Confession _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Any Medical
Conditions/Allergies/Medications _____

Father's Name _____ Mother's Name _____

Father's Phone # _____ Mother's Phone # _____

Emergency Contact in USA _____

Emergency Contact Phone # in USA (give 2 please) _____

*Name of One Relative In Egypt _____

*Phone # of Relative In Egypt _____

****It is assumed that those traveling separately from the group will be staying with the relatives whose names appear above and can be reached at the number above as well****

Emergency Contact in Egypt _____

Emergency Contact # in Egypt _____

*Send this application to:
Suzy Kalleeny
7102 Winding Lake Circle
Oviedo, Florida 32765*

**Youth Service Trip- Egypt
Waiver of Liability**

****MUST BE MAILED TO THE ADDRESS BELOW****

I, _____ give full consent for my attendance and participation in the 2007 Youth Service Trip to Egypt. I understand that by signing this form, neither the Coptic Orthodox Diocese of Southern United State, nor any of its affiliated members/organizations are responsible for any accidents incurred while on this service trip. These include, but are definitely not limited to, injuries to youth members, damaged or stolen possessions, health problems including sicknesses and allergies. I also understand that **ALL** vaccinations **MUST BE** up to date by the time I travel to Egypt. Should I acquire any illness and need medical treatment, I give full permission to Father Shenouda and appropriate personnel in Egypt to administer proper health care to me. I hereby release all personnel from any liability in these situations. I understand that we will be serving in under privileged, low income areas and may be exposed to certain tropical illnesses and extreme heat. I understand that a portion of the trip is dedicated to observations of medical projects in certain Egyptian cities. Finally, I understand that it is both a privilege and an honor to do the blessed work of God abroad and to serve His Children. I will treat everyone I meet with the utmost respect and will do my best to serve with an open mind and an open heart. Most importantly, I will pray for this service daily.

Participant's Name (please print) _____

Participant's Signature _____

Father's Signature _____

Mother's Signature _____

Date Signed _____

Please MAIL all completed applications to

*Suzy Kalleeny
7102 Winding Lake Circle
Oviedo, Florida 32765*