

# LA GRULLA MEMO

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**TO:** All La Grulla Mission Trip participants  
**FROM:** First Woodway Youth Staff  
**DATE:** May 21, 2019

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Our mission trip to the special little town of La Grulla is just a few weeks away. We hope you are already getting excited about the mission work we will get to do there.

Here's some important info:

- We will be meeting June 10, 11 & 12, Monday through Wednesday afternoons from 1:30 – 3:30, upstairs in the MAC. These meetings will be used mainly to prepare for the VBS that we will be doing at Alto Bonito Park. Doris King always gives us great leadership in this area, for which we are eternally grateful. Please make every effort to be there every day. If you do have to miss, please text Mark at (512) 376-0717.
- Bring the enclosed release forms (there are 2 of them) and your remaining balance (see below) to one of the meetings. If you can only bring a portion of the money at this time, no problem.
- Please take a look at the **Stuff You Need To Know** sheet that is also enclosed.
- There is also a trip itinerary enclosed for you to have. It should answer many of your questions. Our work projects are still a work in progress. We'll let you know more about that at our planning meetings.
- If you can't make the planning meetings, please let us know. This doesn't disqualify you from going to La Grulla. But you will need to catch up on things afterwards.

If you have further questions, please call Terri at the Youth Office at 772-9696, or you can email: [tjones@firstwoodway.org](mailto:tjones@firstwoodway.org). Be sure to be praying for our mission trip to La Grulla. Our time there every year is always special. We know we're really looking forward to the experience.

Name: \_\_\_\_\_ Deposit paid \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ (*due anytime before departure*)

# La Grulla '19

## June 16 - June 22

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### **Sunday, June 16**

- 5:00 a.m. Meet at First Woodway  
Leave for South Texas
- 2:30 p.m. Arrive in La Grulla  
Pass out flyers
- 4:30 p.m. Move into retreat center
- 6:00 p.m. Dinner
- 7:30 p.m. VBS preparation and free time
- 9:00 p.m. Share time

### **Monday, June 17 - Thursday, June 20**

- 7:00 a.m. Breakfast
- 7:45 a.m. Devotional
- 8:45 a.m. Work projects
- 12:00 p.m. Lunch
- 1:00 p.m. Vacation Bible School
- 5:30 p.m. Dinner
- 7:00 p.m. Free time
- 9:30 p.m. Share time

### **Friday, June 21**

- 7:00 a.m. Breakfast
- 9:00 a.m. Devotional
- 9:30 a.m. Vacation Bible School
- 12:00 p.m. Lunch
- 1:00 p.m. Head out for South Padre Island

### **Saturday, June 22**

- 8:00 a.m. Get up, load up, head for home
- 5:00 p.m. Arrive at First Woodway

Valley Baptist Retreat Center  
1600 E. Business 83  
Mission, Texas (No mail please)  
956-585-4393 (Emergencies only)  
Bob Johns 254-722-5300  
Mark Tate 512-376-0717  
Doris King 254-424-2410  
Chase Wommack 254-495-4988

# Stuff You Need To Know

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## What to bring:

- Bible, journal, and pen
- Pillow and sleeping bag (or sheets and blanket)
- Towels
- Toiletry items (shampoo, soap, deodorant, etc.)
- Swimsuit (one-piece only)
- Sunscreen
- Flashlight
- Work clothes
- Work gloves
- Paint brush
- Spending money for snacks. The \$349 you paid covers all meals, including travel meals
- Pack only your best, positive, Christ-like attitude

## Dress Code:

- Shorts (finger-tip length or longer).
- Shorts shorter than fingertip length are not acceptable at any time.
- No bare bellies allowed. No low-cut shirts either. Please, absolutely no cleavage on this trip.
- No tank tops or spaghetti straps...just stick with t-shirts.
- Swimwear – one-piece swimsuits only.
- When in doubt, leave it out (of your suitcase).
- This is a mission trip – so pick out your clothing with that in mind.

## Other Stuff:

- Take it easy with the luggage. We are limited on trailer space.
- No goofy stuff: We expect students who participate on mission trips to be some of the best, so let your behavior reflect that.
- **Make sure to pray and prepare spiritually before we leave on June 16.**

# La Grulla Mission Trip: June 16-22, 2019

## Travel Permit/Medical Release

Name: \_\_\_\_\_

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

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

Gender: M F Grade: (as of May 2019) \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of person to notify (if a parent cannot be reached):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Family Physicians Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name of Primary Insurance Policy:** \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Other Pertinent Medical Information:** \_\_\_\_\_

\_\_\_\_\_

**I agree to permit \_\_\_\_\_ to attend the Mission Trip to La Grulla on June 16-22, 2019 with the First Woodway Student Ministry. The trip sponsors have my permission to seek any medical treatment for my child.**

**Medical Release/Authorization:** I hereby give authority to one of the trip sponsors to secure any necessary medical treatment in the event of an emergency due to sickness or accident while on this outing. I understand that our family physician will be contacted, if possible, but in the event that he cannot be reached, the counselor in charge may choose a reputable physician. We assume all of the risks and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify and hold harmless the First Woodway Baptist Church, the organizers, the sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth rising out of the trip. In case of injury we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

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

\_\_\_\_\_  
Date



# Valley Baptist Mission Education Center Valley Baptist Retreat

1600 E Business 83  
Reservations (956)585-4393

## Participant Individual Release Form

Please sign below and turn in one form for each participant upon arrival at VBMEC/  
Valley Baptist Retreat campus.

I \_\_\_\_\_, (minors must have parent's name here) speaking for myself or my child, do hereby agree to release and hold harmless Valley Baptist Mission Education Center/Valley Baptist Retreat, its staff, its board, Rio Grande Valley Baptist Association, the Baptist General Convention of Texas and all supporting ministries of any responsibility for accidental injuries, sicknesses or incidents sustained during our time at VBMEC/ Valley Baptist Retreat. We do hereby give the staff of VBMEC/ Valley Baptist Retreat permission to hospitalize, secure treatment as deemed necessary should the leader of the group not be available to make said decisions. I also acknowledge that I have read and agree to the policies and procedures of VBMEC/ Valley Baptist Retreat, and that if I violate any rules of the facility there or otherwise posted, that I can be asked to leave at my own expense without repercussions to VBMEC/ Valley Baptist Retreat . This decision is to be determined by the board or the on duty Director. I hereby understand and consent to the use of any photographs/videos taken at the facility or VBMEC / Valley Baptist Retreat sponsored activities to be used in the use of VBMEC promotional materials.

I \_\_\_\_\_(attendee name) have read and agree to abide by the policies set forth by VBMEC/ Valley Baptist Retreat and understand that if I violate these, I can be asked to leave the facility at my own expense.

\_\_\_\_\_  
Attendee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature if Attendee is under 18

\_\_\_\_\_  
Date

**COMPLETE BOTH SIDES**

Valley Baptist Mission Education Center /  
Valley Baptist Retreat - Medical Release Form

**General Information**

Legal name \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Complete Home Address: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: M F Dates of trip: June 16-22, 2019

Group Name attending with: First Woodway Baptist Church

**Insurance Information**

Name of Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Emergency Contact Information**

Who do you want us to notify in case of emergency?

\_\_\_\_\_

Relationship to you? \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Contact? \_\_\_\_\_

Relationship to you? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Health History**

Please list any allergies to food, medications, latex or insect bites.

\_\_\_\_\_

Please list ALL medications you are on below. Use another sheet if needed and staple to form.

\_\_\_\_\_

Please list any major health conditions, including mental health conditions, we need to be aware of along with any special instructions. Attach another sheet if needed.

\_\_\_\_\_

Are your immunizations up to date? Y / N When was your last Tetanus shot? \_\_\_\_\_

**Health Care and Camp Permissions**

I agree in signing this form, I give my permission for first aid techniques and simple health care to be administered as the need arises to myself (my minor) as determined by Valley Baptist Retreat staff in consultation with the designated trip coordinator for my group/church. In case of an emergency, I hereby give permission to the physician selected by the church's/group's designated team coordinator to hospitalize, secure proper treatment for, and order injection, anesthesia, surgery for myself (my minor) as named above, and agree to bear the costs of said treatment. I hereby attest that all the information listed on this medical form is complete and accurate to the best of my knowledge and that I (my minor) am in acceptable health, physical ability and emotionally ready to fully participate in camp. I grant my permission to participate in all activities associated with the enrolled event with the exceptions of those that are noted on this form.

I, the undersigned, do hereby release and forever discharge all from any and all claims, demands, actions or cause or action arising out of damage or injury while I (my minor) participate in Valley Baptist Retreat and Conference Center sponsored activities.

Participant if over 18 or Guardian/Parent if under 18:

Print \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Sign \_\_\_\_\_

**COMPLETE BOTH SIDES**