

Registration Form - Youth
2010 Haiti Intergenerational Mission Trip
June 23 – 30, 2010

Name: _____
Name (exactly as shown on passport): _____
Name Called: _____ Email address: _____
Date of Birth (day, month, year): _____
Passport Number: _____ Passport Expiration Date: _____
Citizenship: USA
Gender: _____ School: _____ Current Grade: _____
Parents' Names: _____
Home Address: _____
Home Phone: _____
Mobile Phone(s): _____
Email(s): _____
Medical Conditions: _____

Name of Health Insurance Carrier and Policy Number: _____

Special Dietary Needs: _____

Please list all allergies, including food, medicine, animals, etc.: _____

Parent/Guardian Contact 1:
Name: _____
Work Phone: _____ Home Phone: _____
Mobile Phone: _____ Email: _____

Parent/Guardian Contact 2:
Name: _____
Work Phone: _____ Home Phone: _____
Mobile Phone: _____ Email: _____

_____ I have current insurance and medical information on file at White Memorial Presbyterian Church.

Parent/Guardian Signature: _____ Date: _____

Registration Check List:

- _____ Registration form (Shown on this page)
- _____ Copy of current passport
- _____ Name of Accompanying Adult: _____ with completed registration form
- _____ Covenant Agreement signed by youth and one parent (online)
- _____ Check for \$250 (refundable deposit)
- _____ On file – Blue Medical Release Form or new Blue Medical Release Form
- _____ Youth Mission Fundraising Registration (online)
- _____ I have read and agree to the trip lottery procedures which are online. (Please initial.)

Second payment of \$250 is due on April 1. Third and final payment of \$TBD is due on May 1.

Please sign this form, and return it with your registration.

Personal Covenant Form for Mission Trip Participants White Memorial Presbyterian Church, Raleigh, North Carolina

On our mission trips, we go as guests invited to share in ministry and learn from brothers and sisters in Christ. As we journey together we also covenant together as follows:

1. I agree to share my faith in an appropriate Christian manner.
2. I agree to participate wholeheartedly and enthusiastically in all activities planned for the group.
3. I agree to follow the guidance of the trip leaders, respect their decisions, and stay with the group at all times.
4. I will use appropriate language at all times.
5. I will speak up when I have a problem, need or concern.
6. I will listen to and respond to the needs of others.
7. I will respect others' property rights and abide by the house rules.
8. I agree to abstain from using controlled substances, drinking alcoholic beverages, using drugs, smoking, possessing fireworks and firearms.
9. I will not hold others responsible or take legal action in case of injury, illness or destruction of property.
10. I understand that, by participating in this mission journey, I am taking certain risks to my person in addition to those risks I normally face each day. I will face certain health hazards (associated with food, water, disease, pests, poor sanitation, injury, and lack of adequate medical facilities) as well as the risk of being the victim of a crime.
11. I realize that I will not have all the comforts of home, such as a soft bed, familiar food, TV, hot water, etc.
12. As I go, I am seeking to grow in my faith, willing to learn, trusting God and my fellow participants and looking forward to ministry with brothers and sisters in Christ in another culture.
13. I agree to pay all trip fees on time.
14. I understand that if chosen for the trip, my deposit is nonrefundable.
15. I agree to attend all pre-trip meetings. I realize that the meetings are set by the trip leaders and cannot be rescheduled.
16. I agree to notify the trip leaders immediately if my circumstances change and I cannot go on the trip.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in a phone call to my parents and removal from the trip at my parents' expense.

Participant's signature: _____ Date: _____

Address: _____ Phone: _____

Parent's signature: _____ Date: _____

****MUST BE ON FILE FOR ALL YOUTH**

GRADE

**2009-2010
CHURCH YOUTH SPECIAL EVENT
MEDICAL AND LIABILITY RELEASE FORM**

White Memorial Presbyterian Church
1704 Oberlin Road
Raleigh, NC 27608
(919) 834-3424

Date: _____

This form (1) gives your permission for your child to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child should it be necessary during the event.

I, _____ consent to allow **my son/daughter** _____
(Parent or Guardian Signature- First, Last) **(circle)** (Print Minor's name – First, Last)

to be transported from and to White Memorial Presbyterian Church in church or other transportation for various youth activities. I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of White Memorial Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such person responsible for any damages arising from the giving of such consent.

Member of White Memorial? YES NO

Circle one: Please PRINT
(Parent/Guardian) Name- First, Last _____

Address _____

City, Zip _____

Home Telephone Number _____

Mom Cell Phone _____ Dad Cell Phone _____

Parent E-mail address _____

Additional Parent E-mail Address _____

Child Resides with: Both Parents Mother Father (circle one) OR Other _____
(fill in blank)

Please provide additional contact information for non-custodial parent or guardian below:

Name and Address _____

City, Zip _____

Home Telephone Number _____ Cell Phone _____

E-mail address _____

Please complete page 2 on the reverse side of this form.

(Over)

Please complete and return this form to the church. ATTENTION YOUTH MINISTRY.

This form will be kept on file during the 2009-2010 church program year.

Please update any change in telephone/contact numbers prior to any church sponsored trip.

Please fill out the following information:

Date: _____ (Please update information when there are insurance changes!)

Is your youth covered by medical/hospitalization insurance? yes _____ no _____

If yes, the following information is necessary:

Insurance Company Name _____

Insurance Company Phone # _____

Insurance Company Address _____

Group and Policy Number _____

Policy Holder's Name _____

Youth's Date of Birth _____

Alternate Emergency Contact _____

and Phone Number _____

Alternate Emergency Contact _____

and Phone Number _____

If applicable:

Mother/Guardian Place of Employment _____

and Business Phone Number _____

Father/Guardian Place of Employment _____

and Business Phone Number _____

(Please list any allergies or special medical problems or specific food requirements, i.e. vegetarian, here)

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