

REGISTRATION INFORMATION

Name: _____ | Grade/Age: _____
Address: _____ | Phone: _____
_____ | Email: _____
City: _____ | State: _____ Zip: _____

Emergency Contact (Parent or Guardian if under 18)

Name: _____ | Relationship: _____
Cell Phone: _____ | Work Phone: _____ | Home Phone: _____
Email: _____ | Primary Contact: _____

MEDICAL INFORMATION

Insurance Company _____ | Policy Number: _____
Policy Holder: _____ | Insurance Co. Phone: _____

Please check any of the following that apply and provide details about any items in the box below:

ALLERGIES

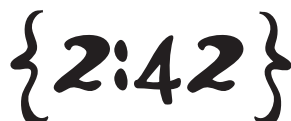
- Drugs
- Asthma
- Hay Fever
- Insect Stings
- Food Allergies

HEALTH HISTORY

- Diabetes
- Cardiac
- Chronic Asthma
- Nervous Disorder
- Epilepsy
- Physical Handicap

- Emotional Handicap
- Mental Handicap
- Seizure Disorder
- Other
- Date of last
Tetanus Shot

Do you have any activity restrictions? Yes No | If yes, please explain: _____



NEW LIFE CHRISTIAN FELLOWSHIP

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MISSION TRIP INFORMATION

Please list any prior service or missions trip experience below:

Please list any building or construction experience that you have as well as any other talents or abilities that you think might be able to help during the trip:

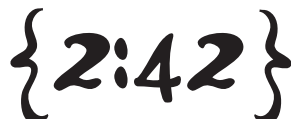
RECOGNITION OF RISK

While we will do everything in our power to make this trip as safe as possible there are inherent risks in traveling and physical labor as well as crossing cultural boundaries that must be recognized. Please write your initials in the spaces below as a way to say that you recognize the listed risk and to acknowledge your responsibility to do everything in your power to live responsibly as a part of our trip.

_____ **Risk of Travel:** I recognize that we will be traveling by car and I commit to taking this risk seriously by wearing my seat belt, remaining seated during travel, not causing a distraction to drivers in our vehicles or others and by not engaging in any other behavior that might increase the already inherent risk of traveling.

_____ **Risk of Manual Labor:** I recognize that taking part in manual labor carries with it the risk of injury and I will commit to taking this risk seriously by wearing appropriate safety gear, listening to all instructions before beginning a task, and not taking on a task or job that I am physically unable to perform. I will maintain a safe work environment for others.

_____ **Risk when Crossing Cultural Boundaries:** I recognize that crossing cultural boundaries can lead to misunderstanding and without care, can create anger and animosity between both the party crossing said boundary and the local culture. I will commit to taking this risk seriously by being mindful that we are visitors to someone else's home, and I will treat them with the love and respect that they deserve. I will also make myself as well-informed as possible about cultural norms, taboos, and expectations prior to leaving for our trip.



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PERSONAL COVENANT

In order to best prepare each person for this trip it is important that we all commit to living faithful lives of love and respect toward one another in the group (remember they will know we are Jesus' disciples by our love for one another) and to treating people we encounter on the journey with hearts of love and service whether they are service employees, local volunteers, or people living on the Pine Ridge Reservation. In order to do this, we are asking everyone to check the following boxes as a means of committing to actions and attitudes that will foster an atmosphere of love and trust throughout the trip.

Commitment to Cultural Training: I will commit to being a part of cultural and theological training over the course of four weeks leading up to our departure for the trip. This training will include looking at Scripture to understand what God calls me to as I serve, learning about the people of the Pine Ridge Reservation so that I can honor and respect their culture and heritage, and receiving instructions on how to interact with the men and women of the reservation.

Commitment to Respect: I will commit to respecting all persons who are a part of the trip as people first, regardless of their age or status in the church. I will honor the ability of those younger than me to make rich contributions to the group, and I will honor the ability of those older than me to give me wise and important counsel for the sake of the group. During times of discussion and disagreement I will treat other members of the group as I would wish to be treated. I will trust that those who are in authority will make decisions with a heart that is committed to values of God's Kingdom and will submit to their leadership when asked. If placed in a position of leadership, I will exercise such authority as I am given with a humble heart and a prayerful mind toward Jesus' example of loving sacrifice.

Commitment to Love: I will commit my heart and prayers to love freely and without condition every person with whom I interact on this trip. I will practice forgiveness without apology and honor without merit so as to show the love of the God to those around me. I will listen with humility when another member of our group holds me to one of these commitments and take seriously the charge that I have failed to live up to my word in these ways. If I believe that someone has failed to live up to these commitments I will lovingly confront them with the intention to restore and build up, not to tear down or degrade.

ACKNOWLEDGEMENT AND CONSENT

I have read the above document and provided information that is both accurate and complete, to the best of my knowledge. I realize that such a trip carries with it risk beyond the ones listed above and I will act in such a way so as to not heighten the levels of risk for myself or the group. I am willing to act according to the personal covenant for the duration of the trip.

Signature of Youth/Adult Attendee

Date

Medical Treatment Authorization

This health history is correct, so far as I know. As the parent or legal guardian of _____ (hereinafter "my child") I hereby authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth: Joe Watkins (youth pastor) or an adult chaperone chosen by the youth pastor.

I am informed of the Mission Trip to the Pine Ridge Reservation offered by New Life Christian Fellowship's Youth Group, beginning July 16 and ending July 24. As parent or legal guardian of my child, I hereby give consent for my child to attend and participate in all activities provided during this event.

Signature of Parent or Guardian if Attendee is a minor or dependant

Date

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