

INDIVIDUAL REGISTRATION FORM



A. BASIC INFORMATION

Please fill out this form and turn it in to your group leader. Your group leader will collect all Individual Registration Forms and send into the Praying Pelican Missions main office and are due **THREE MONTHS** prior to the trip.

Trip Dates: _____ Country: BELIZE JAMAICA MEXICO T-shirt size (adult): S M L XL XXL

Name _____
Last First (Legal) Middle Preferred Nickname

Address _____
Street, Box, or R.R. City State Zip Code

Telephone: Home (____) _____ Cell (____) _____ Work(____) _____

Email _____ Gender: Female Male

Age _____ Birth date _____ Citizen of _____ Birthplace _____
Country Country

Occupation _____
Company Title Description

Home Church _____
Complete Name of Church Senior Pastor's Name Church Phone Number

_____ Street, Box, or R.R. City State Zip Code

B. MEDICAL INFORMATION

Emergency Contact _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone (____) _____ Cell Phone (____) _____

Please list any medical or first aid training you may have:

Licensed medical personnel expecting to practice medicine overseas must attach photocopies of credentials.

Please specify any current medications or prescriptions.

(attach additional sheet if needed)

Please list ALL allergies or dietary restrictions:

(attach additional sheet if needed)

Date of last Tetanus Shot _____ Blood type _____ Immunizations: MMR (Measles, Mumps, Rubella) Y N

Hepatitis A Y N

Typhoid Y N

Current Insurance Policy

Insurance Company _____ Phone (____) _____

Company Address _____ City State Zip Code

Policy # _____ Group # _____

Have you had previous experience in missions? Yes No If yes, please explain.

What talents/gifts do you have that you feel the Lord can use?

Why do you want to participate in this trip?

What is one thing you are hoping to accomplish on this missions trip?

Describe your relationship with Jesus Christ.

C. OFFICIAL SIGNATURE – Medical/Liability Release and Policy Agreement

Matthew 18:15-20 and 1 Corinthians 6:1-8 instruct us to live at peace and to resolve disputes in private or within the Christian church. I realize that the limited charitable resources of Praying Pelican Missions (PPM) should not have to be dissipated on litigation. Therefore, I expressly waive my right to file a lawsuit in any civil court or other secular setting against PPM, its representatives and entities, other organizations, and all individuals involved with this missions trip.

I hereby release all leaders and organizations involved with this mission trip from any and all legal liability. I hereby waive all my rights to any legal liability on the part of PPM or any other individuals or organizations involved, from which liability may result from sickness, injury, or death that may occur on or related to this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to: hazardous traffic, poor roads, food, allergies, dangers resulting from military or political problems, storms or hurricanes, sickness, injury, and disease. I specifically release PPM and its representatives from any claim of negligence in their duties as leaders or otherwise on this missions trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by PPM and other individuals and organizations involved.

In the event that it should become necessary, whether in an emergency or otherwise, I authorize PPM and its adult individuals serving as its agents to arrange for any and all treatment including but not limited to: x-ray examinations, anesthesia, dental, medical, surgical, and/or treatment and/or hospital care for said participant on behalf of participant; and in such event, said participant agrees to pay for all costs, charges, fees, and expenses and travel and/or emergency expenses incurred as a result of treatment. The undersigned represents that the participant suffers from no disease or injury and has no other requirements for supervision, medication, or care other than those listed previously on this form. I assume the full responsibility for any and all medical bills and early evacuation/transportation costs incurred related to this missions trip that are not covered in the trip insurance provided by PPM.

I have read and am in full agreement with this release and waiver and policy agreement, and fully understand that I am waiving any rights I may have to litigate and sue. I accept full responsibility for visiting a doctor prior to the trip, all insurance, transportation to/from the host country, and all medical costs. I authorize PPM and its agents to make medical decisions on my behalf and agree to read and abide by all PPM rules as outlined in the Policy Agreement.

I hereby give my child permission to travel to _____ through PPM on (dates) _____ and authorize the adults serving on behalf of PPM to act as my agents.

I realize I am legally responsible for and have read, understand, and agree to all the information previously listed on this Individual Registration form, including A. Basic Information, B. Medical Information, and C. Medical/Liability Release. I also agree to the Policy Agreement has been gone through in detail with my group leader at our team meeting.

Applicant: _____ Signature _____ (date) _____

Legal Guardian 1: _____ Signature _____ (date) _____

Legal Guardian 2: _____ Signature _____ (date) _____

Notary Public: _____ Signature _____ (date) _____