

Which campus/church do you attend? Lynnhaven Norfolk None Other _____

Which trip are you applying for? Country _____ City/Region _____

Dates of Travel _____ Seat Preference: Aisle Window (We will do the best we can to select your seat preference; sometimes airlines do not allow us to select seats when purchasing group flights.)

Have you had a Tetanus shot within the last 10 years? Yes No (If not, you must get one prior to the trip.)

I have already turned in or attached a \$150 deposit to this application. Initial here: _____

PERSONAL INFO

Legal First Name	"Goes by"	Legal Middle	Legal Last
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Telephone	Email Address		
H _____ C _____	_____		
Birth Location	Nationality	Gender	
_____	_____	_____	
Birthdate	Are you under 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	T-Shirt Size _____

EMERGENCY CONTACT INFO

Name	Relation
_____	_____
Telephone	
H _____ C _____ W _____	

Name	Relation
_____	_____
Telephone	
H _____ C _____ W _____	

PERSONAL INFO

Full Legal Name _____

Birthdate _____ Parent/Guardian (if you're under 18) _____ Gender _____

EMERGENCY CONTACT INFO

Please provide the name and contact info of two individuals not traveling with you.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____

MEDICAL INFO

Primary Physician _____ Phone Number _____

Have you had a Tetanus shot in the last 10 years? Yes No
Do you have any allergies? Yes No
If so, please explain _____

Have you been told you have any of the following? Asthma Diabetes Epilepsy Heart Trouble

Any physical disabilities or health problems you may have that we should be aware of?

Please list all operations/serious injuries (include dates) within the past five years.

Medications taken regularly with exact dosage _____

What type of pain medication may be given if necessary? _____

EMERGENCY AUTHORIZATION

I hereby give permission to medical personnel selected by my team leader or his/her designee (hereafter the Authorized Agent) to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to secure proper treatment, hospitalize, order injections and/or anesthesia, and/ or authorize surgery for me. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Grace Bible Church, its employees or agents, and in country contacts from liability associated with participation in a mission trip. I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness or injury. I understand that there are risks involved in participating in a mission trip. I understand I should seek a medical consultation with a travel physician or travel pharmacist regarding immunizations or any other medical issues prior to travel.

Signature (please print a hard copy and sign; must be signed by a parent/guardian if the participant is under 18)

Date _____

SHARE YOUR STORY WITH US

Who are you? How do you describe yourself?

Who is Jesus in your life?

What are your hopes and dreams?

What are you afraid of?

What do you hope to learn or do during your Serve & Learn Trip?

What else would you like us to know about you?

RELEASE OF LIABILITY

In signing this form I, _____ (trip participant's name), agree not to hold Grace Bible Church, her officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on a Serve & Learn (short-term mission) Trip.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war political unrest, injury from construction projects, and other calamities. I understand I should seek a medical consultation with a travel physician or travel pharmacist regarding immunizations or any other medical issues prior to travel.

I hereby assume any such risks that might result from my participation in a Serve & Learn (short-term mission) project, and I un-conditionally agree to hold Grace Bible Church, its officers, employees, or other agents blameless for any liability concerning my personal health and wellbeing, or any liability for my personal property that might be lost, damaged, or stolen while on a Serve & Learn (short-term mission) Trip.

I have read, understand and consent by my signature to these statements.

Trip Participant's Signature (please print a hard copy and sign)

Date

Parent Signature if Participant is under 18 (please print a hard copy and sign)

Date
