## Celebration Foursquare Church CFC Mexicali Missions Trip - MEDICAL RELEASE/PERMISSION SLIP \$500/pp February 16-26, 2018

This form must be filled out (unaccompanied minor, must be notarized!) and turned in by October 22, 2018.

This form mast be fined out (unde	eompanica minor, mast be now	inzea:) and tarried in by	Jetober 22, 2010.
	<b>Personal Information</b>		
First Name:	Middle Name:	Last Name:	
Parent/Guardian Name(s):			
Name on Passport (if applicable):		Passport #:	
Home Address:	City/State:	Zip:	
Home Phone:	Cell Phone:	Email:	
Date of Birth:	Current Grade:	School:	
<b>E</b> mergency	/ Contact Information (must p	provide 2 contacts)	
Name:	Relationship	):	
Street Address:			
City/State/Zip:	Home Phone	e:	
Cell Phone:	Work Phone:	Email:	
Name:	Relationship	):	
Street Address:			
City/State/Zip:	Home Phone	e:	
Cell Phone:	Work Phone:	Email:	
	MEDICAL RELEASE		
Parent/Legal Guardian:			
Street Address:	City/Sta	ate:	Zip:
Work Phone:	Home Phone:	Cell Phone:	
Medical Insurance Company:			
Policy #:	Group #:		
Allergies:	Dietary Restricti	ons:	
Medical/Emotional Conditions:			
Current Medications (Completed medication	and dosage information will be requ	uired for all medications):	
For Minors (Under 18)			
I/We hereby give my child permission to go on the I/We, who by law may do so, authorize the admin subject to this form. I/We understand all reasonat Celebration Foursquare Church. I/We do not hold for any accident, injury or disease by the subject of medical intervention is needed, every attempt will contact person(s) listed immediately.	istration of medical treatment to she/he ble safety precautions will be taken by Celebration Foursquare Church or its ag of this form. I/We understand that in th	e who is gents liable	
Parent/Legal Guardian Signature	Date		

Date

Notary Signature/Date

Parent/Legal Guardian Signature

Personal References (must provide 2 contacts)				
Name:	Relatio	nship:		
Street Address:				
City/State/Zip:	Home I	Phone:		
Cell Phone: Wo	rk Phone:	Email:		
Name:	Relatio	nship:		
Street Address:				
City/State/Zip:	Home Phone:			
Cell Phone: Wo	rk Phone:	Email:		
Additi	onal Funds and Canc	ellation Policy		
I will support the Celebration Foursquare Church Missions Team and mine and/or my child/children's participation in it. By signing this form, I agree to the following:				
<u>Doi</u>	nations Are Non-R	Refundable		
<ul> <li>group event, which will then will t</li> <li>I understand that any money that missions account and cannot be u</li> <li>If you raise more than the cost of</li> </ul>	pe redistributed equal t my child raises abovused for personal use. Tyour trip, there will be elebration Foursquare	e the tuition must, by law, remain in the		
What if A Team Men	<u>ıbers Or Team Ra</u>	nises More Than Their Goal?		
Any excess funds raised by a team member will be used to help other team members that have fallen short in their fundraising or put into the Mission Trip General fund. No refunds will be given to donors.				
Team Members Not Fully Raising Funds				
raised. CFC Missions Team has the right team member who has not fully raised t leaders believe the team member has p	to use excess funds heir support. Howeve ut full effort into raisi fort of the participant	p is personally responsible for the amount not raised by team members for the benefit of a er, this should only be done when the teaming the needed funds. Participation in the extra support letters sent out, follow up phone calls,		
Participant Signature (Parent/Guardian Signature	for those under 18)	Date		
Please list any questions, conce you may hav	rns, expectations, ad	t by Parent/Guardian) ditional information or encouragements ter to be a part of the th Missions Team.		

## PERSONAL / MINISTRY EXPERIENCE

<ol> <li>Share your personal story of your relationship with Jesus Christ? (attach another paper if necessary)</li> </ol>
2. What are some of your expectations for this trip?
3. What are your skills, strengths, talents and/or spiritual gifts?
4. Why do you want to participate as member of the Mission Team?
4. Wily do you want to participate as member of the Pilssion Team:
5. How do you hope to impact lives on this mission trip?
6. What missions work have you been involved in?

## PERSONAL / MINISTRY EXPERIENCE

7. What does it mean to be a servant?
8. Can you speak any Spanish? What Level?
9. What church do you attend? Youth Group? How often? Are you a member?
10. As part of the Missions team, will you make an effort to attend our Mission Report Service (about 1-2 weeks after we return)?
11. Would you be willing to help out the rest of the team at fundraisers if you are available? (Some fundraisers may be planned to help the entire team.)
12. Will you do your best to attend a meeting, or as needed, for ministry preparation, (dates to be determined) before our trip?
13. Please list your most available times to meet.
14. Any other info you may want to share with us: