



INDIVIDUAL REGISTRATION FORM

REGISTRATION PROCESS

Please fill out this form and turn it in to Chiara Marcy NO LATER THAN September 30th, 2017.

Each member of your family must have their OWN FORM completed.

Please fill out all 6 sections of this registration form: (please check each box when completed)

- A. Registration Information
- B. Policy Agreement and Signature
- C. Medical Information
- D. Medical and Liability Release
- E. Official Agreement and Signature
- F. Notarization Permission Form (If Necessary)

A. REGISTRATION INFORMATION

Dates of Trip: August 11th - August 18th, 2018

T-shirt size (adult sizes): S M L XL XXL

Name _____
Last First (Legal) Middle Preferred Nickname

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

Temporary Address _____

Check here if you want us to use this address; otherwise we will use the permanent address above.
Please include dates that you will be at the temporary address and give complete address.

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

Email _____ Gender: Female Male

Age _____ Birthdate _____ Citizen of _____ Birthplace _____
Country Country

Occupation _____
Company Title Description

Home Church Our Lady of Lourdes Catholic Church Fr. Woody McCallister (360) 695-1366
Complete Name of Church Senior Pastor's Name Church Phone Number
4723 NW Franklin St. Vancouver WA 98663
Street, Box, or R.R. City State Zip Code

B. POLICY AGREEMENT

As a representative of Jesus Christ, my home country, and Thirst Missions, I will behave at all times in a manner that brings glory and honor to these institutions.

I will respect and follow the trip leaders and group leader and his/her decisions. I am aware that my every word and action is being watched during the entire mission trip experience. Therefore, I agree to act and talk in a manner that glorifies the name of Jesus Christ. I want everything I do or say to draw people to Jesus.

I will be spiritually, physically, and mentally prepared for a mission trip that will stretch me and mold me in ways that I can only imagine. As a guest in the country I am visiting, I will respect and follow the traditions of the local people and nationals. For example: if the way I dress offends them, I will change.

I have come to learn from the people I am visiting. I will not criticize the culture, efficiency, work habits, food, traditions, etc. with which I come in contact with. I have come not to judge, but to learn, and to share the person of Jesus through my words, actions, and deeds.

I agree to have a servant attitude at all times. When I am doing a task or ministry I don't particularly care for, I will try my best and be a witness in this activity. I will use words that encourage and build up my team members and the nationals at all times. This means I will refrain from gossip or words that bring dissention and take focus away from the goals of the trip.

I will have a positive attitude at all times. Every trip has its challenges and unforeseen circumstances. People could get sick, items lost, and plans changed. I realize that there are times I will need to adjust my expectations and plans and look at challenges as opportunities to be a witness for Jesus Christ.

I will work with all members of the team. I will refrain from pursuing romantic relationships during the trip. If my spouse or significant other is on the trip with me, I will make every effort to spend time with each person of the group and interact with all team members. I realize that sleeping accommodations most likely will not allow me to stay in the same room as my spouse. Men will be in rooms with men and women with women. For those groups who have chosen to stay in a hotel, rooms will have 3-4 people per room.

I will attend all team meetings and fulfill the responsibilities I have agreed to before, during, and after the trip. If I am not able to attend a meeting I will be in contact with my group leader as to what I missed. I will abstain from using, consuming, or possessing alcohol, tobacco products, and illegal drugs while on the trip. I will not steal or commit illegal act while on the trip. I also will not talk negatively about my host countries politics or the host country's politics during the trip.

If in the future I desire to return to Belize on a missions trip to visit any connections or ministry locations from this missions trip, I must do so through Thirst Missions or receive their written permission to do so. This will enable the overall vision and plans for the ministry as agreed upon through Thirst Missions connections in Belize to continue.

I will follow the travel, supply, clothing, financial, and medical guidelines set forth and explained to me prior to the trip. I am responsible for knowing and following everything in the team handbook and explained at the team meetings. I will follow all import and export laws. I will not attempt to bring any item or good into the host country or back into my country that is banned.

If I break any of the rules listed above, at the discretion of a Thirst Missions representative and in conjunction with my group leader, my missions trip can be terminated and I can be sent home at my own expense. I realize that to attend this trip and represent Jesus Christ on the mission field is a privilege and if I abuse that privilege this constitutes the right for my trip to end prematurely.

Date: _____ Signature _____
(applicant signature)

C. MEDICAL INFORMATION (Please fill out the top part of this section to the best of your ability. Answers not required)

Date of last Tetanus Shot _____ Blood type _____

Immunizations:	MMR (Measles, Mumps, Rubella)	Yes	No	Hepatitis A	Yes	No
	Typhoid	Yes	No			

Current Insurance Policy

Insurance Company _____ Phone _____
(Area Code) Number

Company Address

Street or Box _____ City _____ State _____ Zip Code _____

Policy # _____ Group # _____

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

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

If you are presently being treated for an injury, sickness, are under a doctor's care, or have any mobility limitations, please explain:

Please list any food allergies or dietary restrictions:

Please list specific known allergies (medicine, environmental, insect, etc.):

D. MEDICAL and LIABILITY RELEASE

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 Thirst Missions 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 Thirst Missions, its representatives and entities, other organizations, and all individuals involved with this missions trip.

I hereby release all leaders and organizations involved with this missions trip from any and all legal liability. I hereby waive all my rights to any legal liability on the part of Thirst Missions 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 Thirst Missions 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 Thirst Missions and other individuals and organizations involved.

I hereby acknowledge that Thirst Missions representatives will be taking pictures and videos throughout the trip. I agree by signing this form to allow my image to be used by solely by Thirst Missions in promoting future mission trips. I may decline to have my image included by sending an email to info@thirstmissions.org or a written letter to Thirst Missions, stating that I decline to have my picture and video image included in future promotional materials.

In the event that it should become necessary, whether in an emergency or otherwise, I authorize Thirst Missions 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 already covered or paid for.

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 Thirst Missions and its agents to make medical decisions on my behalf and agree to read and abide by all Thirst Missions rules as outlined in the Policy Agreement.

E. OFFICIAL AGREEMENT AND REQUIRED SIGNATURE

Date: _____

Signature _____
(applicant signature)

F. NOTARIZED LETTER OF PERMISSION TO TRAVEL

ONLY FOR TRAVELERS UNDER 18 YEARS OF AGE AT THE DATE OF TRAVEL

All travelers are required to turn this notarized letter of consent form in to their trip leader prior to the mission trip. Failure to do so will most likely result in being denied boarding of the intended flight or entry into the intended country. The original copy of this form must be provided at the airport or to an immigration agent upon request.

We, the undersigned, _____ and _____
(PRINT THE NAMES OF BOTH PARENTS OR LEGAL GUARDIANS)

do hereby grant full permission for our son/daughter _____,
(PRINT YOUR SON/DAUGHTER'S NAME)

whose birthday is ____/____/____ (Month/Day/Year), permission to travel with

_____ on the dates of _____.

PARENT SIGNATURES:

If this consent form has only one of the parent's signatures, the traveler must also provide a notarized copy of the deceased parent's death certificate or a copy of divorce papers showing sole custody of the parent who signed the notarized parental consent form.

SIGNATURE OF FATHER OR GUARDIAN: _____ DATE: _____

SIGNATURE OF MOTHER OR GUARDIAN: _____ DATE: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Phone Number: _____

NOTARY PUBLIC SIGNATURE:

Subscribed and Sworn to before me this _____ day of _____ 20_____

NOTARY'S SIGNATURE (SEAL)

Notary Public In and For the County Of: _____ And the State of: _____