

GROUP INFORMATION

Name: _____

Address: _____

STREET CITY STATE ZIP

Phone: _____ E-Mail: _____

Age: _____ Grade: _____ Sex: M F Ethnic: Black White Hispanic other

T-shirt size: S M L XL XXL other: _____

Date: _____

Name: _____

Address: _____

STREET CITY STATE ZIP

Phone: _____ E-Mail: _____

Age: _____ Grade: _____ Sex: M F Ethnic: Black White Hispanic other

T-shirt size: S M L XL XXL other: _____

Date: _____

Name: _____

Address: _____

STREET CITY STATE ZIP

Phone: _____ E-Mail: _____

Age: _____ Grade: _____ Sex: M F Ethnic: Black White Hispanic other

T-shirt size: S M L XL XXL other: _____

Date: _____

✓ Make as many copies as needed so that each missionary has one completed.

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TO WORDS TO WORKS**

MISSION TEAM PARTICIPANT'S COVENANT

Attention Participants! Carefully read through this list of responsibilities mentioned below, then sign and date the form as a pledge of your commitment to ensure a fulfilling mission trip experience.

While participating in this mission trip, I will seek to demonstrate my love for Christ and for others by agreeing to...

1. **Keep myself healthy.** I agree not to use tobacco products, alcoholic beverages or illegal drugs.
2. **Maintain a safe environment for my fellow participants.** I agree not to have possession of or any use of fireworks, firearms and knives
3. **Work to the best of my ability.** I am excited about demonstrating my love for Christ by ministering and working hard for the duration of this mission trip. To the best of my ability, I pledge to work in a manner that would be pleasing to Christ and my fellow Christians.
4. **Follow the mission trip schedule.** I understand that any schedule changes must be made by or approved by the mission trip director or host. In respect to others and in order to receive sufficient rest, **I will respect the lights out time each night.**
5. **Stay in the designated mission trip area.** I agree to stay with the group at all times. I understand that I cannot leave the ministry site or lodging area without permission of the mission trip director. Note: Girls should not be in the boys designated area, nor should boys be in the designated area for girls.
6. **Respect the privacy of others.** I understand that the possessions of others must not be tampered with or taken. I expect others to grant the same measure of respect to my privacy and possessions.
7. **Maintain a clean environment.** I will do my best to keep all areas of the church and campground free and clean from litter. I will respect the property and grounds serving as my home for the week. I understand that any property I damage will be my personal responsibility.
8. **Demonstrate a Christ-like attitude and concern for all people.** My attitude will be like that of Jesus (see Phil 2:5). I will love those with whom I work and those around me throughout the week. I will not allow another's property or personality to be abused.
9. **Be aware of our witness 24 hours a day.** I understand my attitude at restaurants, at my lodging, or during free time is just as important as when I am "doing my mission assignment." I will serve with this maxim in mind: Do no harm to my witness or the Savior.
10. **Share my faith.** I will come prepared to share my personal testimony with lost people and to make a clear, concise presentation of the plan of salvation to anyone I might meet.

I have read the mission trip responsibilities listed above and agree to follow these during the week I am participating in a mission trip. I understand that failure to do so will result in disciplinary action by the host/director or other pertinent team leaders.

Signed _____ Date _____



Words to Works Ministries

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MEDICAL RELEASE FORM FOR MINORS

PARENT/GUARDIAN CONSENT – MEDICAL RELEASE FORM

Name of Participant _____ Date of Birth ____/____/____
Last First MI

Address _____
Zip Number Street City State

Phone #: _____ Alternate Phone # _____

Name of Parent/Guardian _____

PERMISSION

I, _____ hereby give permission for _____
Parent/Guardian Participant

To travel with _____ to Words to Works Ministry (North Main Street
Church Name

Baptist Church) in Jacksonville, Florida during the following dates _____.

- ☐ I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury to the student.
- ☐ I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of the student until such time as you are able to reach me personally.
- ☐ I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past present, or future arising out of injury or damage while participating on this trip.
- ☐ I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the student to and from the activities.
- ☐ I agree to provide medical insurance for my student(s) who are participants on this trip.

Signature of Parent/Guardian _____ Date _____

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Other (See explanation below) | |

Immunizations:

☐ Tetanus: Date Received: _____

☐ Typhoid: Date Received: _____

List below any prescription drugs the student will be taking while on trip: State frequency and dosage for each.

☐ None

Comments:

Are there any drugs or medicines that your child is allergic to? ☐ yes ☐ no

If yes, please list

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Phone #: _____ Alternative Phone #: _____

NOTARY

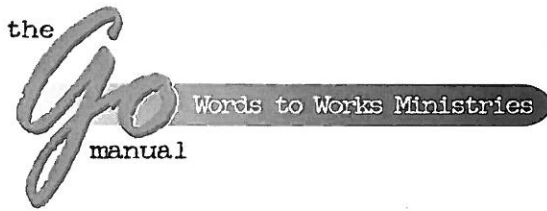
Dated this _____ day of _____, 20____. State of _____ County _____.

On this _____ day of _____, 20____. _____

Personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20____. My commission

Expires _____ Signature Notary Public: _____



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MEDICAL RELEASE FOR ADULTS

PARTICIPANT MEDICAL RELEASE FORM

Name of Participant _____ Date of Birth ____/____/____
Last First MI

Address _____
Number Street City State Zip

Phone #: _____ Alternate Phone # _____

PERMISSION

- ☐ I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury to the student.
- ☐ I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of the student until such time as you are able to reach me personally.
- ☐ I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past present, or future arising out of injury or damage while participating on this trip.
- ☐ I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the student to and from the activities.
- ☐ I agree to provide medical insurance for my student(s) who are participants on this trip.

Signature of Participant _____ Date _____

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Other (See explanation below) | |

Immunizations:

☐ Tetanus: Date Received: _____

☐ Typhoid: Date Received: _____

List below any prescription drugs the student will be taking while on trip: State frequency and dosage for each.

☐ None

Comments:

Are there any drugs or medicines that you are allergic to? ☐ yes ☐ no If yes please list below.

EMERGENCY NOTIFICATION

Name 1: _____ Relationship: _____

Phone #: _____ Alternative Phone #: _____

Name 2: _____ Relationship: _____

Phone #: _____ Alternative Phone #: _____

NOTARY

Dated this _____ day of _____, 20____. State of _____ County _____.

On this _____ day of _____, 20____. _____ (Participant)

Personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20____. My commission

Expires _____ Signature Notary Public _____