

Are you aware of any physical conditions or limitations that could present a problem during the trip? If yes, please explain.

List any allergies or recent illnesses

Are you taking any prescribed medication? If so, what?

Year of your last tetanus shot (emergency care will give one if a shot has not been received in the last ten years):

Insurance Company: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Liability Release:** I/We understand that there are inherent risks in any ministry trip and I/we hereby release Next Generation Mission, Inc., its staff, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during involvement of this trip. **Agreement to Transport Home:** I/We consent to the Next Generation Mission trip. I/We understand that occasionally a team member must be returned home as the result of medical issues and/or discipline problems. I/We understand that if my/our student is dismissed from the ministry site, he/she will be transported home at my/our expense. The Next Generation Mission staff will make every effort to contact the parent/guardian to arrange transportation. **Medical Release:** I hereby authorize and give my consent to the health officials of the Next Generation Mission Team to arrange for the above named any necessary emergency, medical, or surgical treatment. This authorization is intended to cover immunizations, injections, and minor operations and procedures. I understand that the Next Generation Mission officials and/or youth workers will attempt to contact parents/guardians for team members under 18 before relying on this authorization. It is not intended that any medical or surgical treatment be rendered without his/her personal consent. I/We have read and understand the Medical and Liability Release and Agreement to Transport Home clauses of this application and agree with the spirit in which they are given.

Team Member Signature: \_\_\_\_\_ Parent/Guardian Signature (for those under 18 years of age): \_\_\_\_\_

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**Next Generation Mission Registration** return this form and \$200 non-refundable deposit by October 15

Name \_\_\_\_\_ Phone and E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Emergency contact, Relation, and Phone \_\_\_\_\_  
Passport Number and Birthdate \_\_\_\_\_  
Church/Group Leader \_\_\_\_\_

**I am interested in :**



*Jamaica*



*Caribbean*



*Scotland*



*Ireland*



*Poland*



*France*



*US/Navajo*

**Skill Team** (not all skill teams apply to all trips):

*vocals/band*

*puppets*

*drama*

*sound/tech*

*ministry training*

*missions internship*

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**I am interested in (circle one):**



*Jamaica*



*Caribbean*



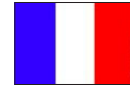
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