warrior nations international ministries, inc.

Warrior Nations Mission Trip

EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

Date:_____/_____/2014

Registration Form

Attendee's Name_____ M/F (Circle)

Address_____

City_____ State_____ Zip_____

Home Phone#_____

E-mail Address_____

Age_____ Date of Birth_____ Grade completed as of June 2009_____

Parents'/Guardians' Names_____

Other numbers where parents/guardians may be reached (work, cell, etc.)

_____

_____

ALTERNATIVE CONTACT: For emergency and if you cannot be contacted:

Name/Relationship_____

Phone Number(s)_____

MEDICAL INFORMATION:

Dates of last immunizations: (Please provide a copy also.)

MMR_____ DPT_____ Polio_____ Chicken Pox_____

Tetanus_____ Hep B_____ HIB_____

Allergies or drug abuse history:

_____

_____

_____

MEDICATIONS: List below, with doses and times.

(Please write "none" if attendee does not take any medication.)

_____

_____

_____

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MEDICAL CONDITIONS: (including ADHD)

(Please write "none" if no medical conditions exist.)

_____

Physician name and number_____

Insurance name and policy_____

T-SHIRT SIZE: (Please circle) SMALL MEDIUM LARGE X-LARGE 2XLARGE
*SHIRTS ARE ADULT SIZES

ATTENDEE HISTORY & INFORMATION: gifts, hobbies, occupation, school/ministry focus, ect.

_____

_____

_____

_____

PERMISSION FORM:

I give my permission for _____to take part in the mission trip program with the outreaches of WNIM. I, and or, the attendee, to the best of my knowledge, is in good physical condition and is capable of physical activity. I understand that hiking, rafting, and other activities associated with an outdoor camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of myself, and or, the attendee. I give my permission to the WNIM staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold the WNIM, Inc. or any of their agents responsible in the event of injury to myself, and or, the attendee. I understand that I, and or, the attendee may be asked to leave without refund if any behavior violates laws of the land, or jeopardizes the safety of the other participants, or staff.

_____

(Please Print) Name, and or, Parent/Guardian

_____Date_____

Signature of Attendee, and or, Parent/Guardian