



warrior nations international ministries, inc.

Warrior Nations Mission Trip

EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

Date: ____ / ____ / ____

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 _____