

Harvest LA 2010 Navajo VBS Missions Trip Application/Registration

Name: _____ Age: _____

Address: _____

Home phone#: _____ Cell phone#: _____

Email: _____

How long have you been a Christian?

How long have you been a part of Harvest LA?

Do you have any experience serving at Harvest LA? If so what?

Do you have any short-term missions experience? If so what?

Do you have any experience with VBS? If so what?

Parent/Guardian names: _____

Work phone#: _____ Cell phone#: _____

Insurance company: _____

Policy number: _____

Medical doctor: _____ Phone #: _____

MEDICAL HISTORY, SPECIAL MEDICAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND/ OR OTHER INFORMATIONS THAT LEADERS SHOULD KNOW ABOUT SHOULD BE LISTED ON BACK.

REGISTRANT/PARENTAL CONSENT AND RELEASE

(Parental signature required if registrant is under 18 years old)

I, _____ as parent/guardian of Registrant, _____, do hereby authorize EFC and its staff, acting as the Registrant's agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is rendered under general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office or said physician or hospital .

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of EFC and its staff to give specific consent to any such diagnosis, treatment or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to the Registrant to surrender physical custody of the Registrant to EFC and its staff upon the completion of treatment.

Furthermore, the above-named Registrant has been given consent to travel with and has been entrusted to the care of EFC and its staff - consisting of adults duly authorized - while the Registrant participates in the activity of the organization.

These authorizations shall remain effective August 9 through August 15, 2010; unless sooner revoked in writing and delivered to EFC and its staff.

Parent/Guardian's Signature: _____ Date: _____

Registrant's Signature: _____ Date: _____