

2012 GEMS MISSION TRIP TO ZAMBIA REGISTRATION FORM

Trip Teams: Teams are filled on a first-come, first-served basis according to postmark/on-line registration date. A maximum of 15 people are eligible for the work team. Should a church desire to send an entire team of people to help build the Esther School, please contact the Director of GEMS Girls' Clubs directly to discuss possible arrangements: jan@gemsgc.org or Jan at 616 241 5616 ext 3031.

PERSONAL INFORMATION:

Name: _____
Address: _____
City: _____ State/Province: _____
ZIP/Postal Code: _____ Email Address: _____
Phone: _____ (H) _____ (C)
Church Name: _____ Church Address: _____
City: _____ State/Province: _____ Zip/ Postal Code: _____
Pastor's Name: _____ Pastor's Phone #: _____

MEDICAL INFORMATION:

Date of last Tetanus shot (required): _____
Date of last Hepatitis A shot: _____ Hepatitis B shot: _____
Please list any medical conditions, including food or drug allergies: _____
List any medication you take regularly, what you take it for and side effects: _____

Do you have any disabilities or medical/physical conditions that are limiting in any way or that will require accommodation? ___Y___N If yes, please explain. _____

EMERGENCY CONTACT:

Name: _____
City: _____ State/Province: _____
Day Phone #: _____ Evening Phone #: _____ Cell Phone #: _____
Email: _____ Relationship: _____

INSURANCE:

Do you presently have health insurance? _____Y_____N
Primary Insurance Co: _____
Phone #: _____ Policy #: _____ Group #: _____
Secondary Insurance Co: _____
Phone #: _____ Policy #: _____ Group #: _____
Subscribers Name: _____
City State/Province/Postal Code: _____
Does your insurance company require pre-authorization for medical treatment? _____Y_____N
Provincial Health Insurance # (Canadian Only): _____

PASSPORT INFORMATION:

Name on Passport (exact name as it appears) _____
Passport Number: _____
Date of Expiry: _____ Issuing Country: _____

PROFILE: Volunteer Activities, Hobbies, and Special Skills/Abilities (*check all that apply*):

- Taught Sunday school
- Evangelism training
- Other mission experience
- Taught/assisted VBS
- Art
- Vocal talents
- Clowning/Mime
- Community Outreach
- CPR/Lifesaving
- First Aid
- Construction
- Roofing
- Gardening and horticulture
- Musical instrument
- Cross cultural experience
- Sports
- Drama
- Painting
- Sewing
- Clearing and preparing land
- Computer and Technical
- Other:

BACKGROUND: (If you answer yes to any of these questions, please explain on a separate piece of paper and attach.)

Have you ever been convicted of, or pled guilty or no contest to a crime? _____Y _____N

Have you ever been convicted of any type of child abuse, sexual harassment, etc? _____Y _____N

PAYMENT: _____VISA _____ MASTER CARD _____ DISCOVER

Credit Card Number _____ Exp.Date _____ (mm/dd/yy)

\$ USD _____ (Authorized amount to charge)

Signature _____

Printed Name as shown on credit card: _____

LIABILITY WAIVER/AUTHORIZATION/RELEASE/COVENANT

In consideration of being allowed to participate in this project sponsored by GEMS Girls' Clubs (GEMS) and in consideration of the benefits to be derived there from, I hereby release GEMS and its present and former trustees, officers, directors, shareholders, employees, agents and their heirs, administrator, executors, successors and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in this trip. I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks I will be exposed to while participating on this project. I fully acknowledge those risks. If for any reason I am unable to complete my stay at the project, I assume full responsibility for the expenses incurred for my return home. I am also aware that any lack of respect for authority, including the use of abusive language, violations of site smoking and alcohol policies, and failure to comply with behavioral expectations may result in my being sent home at my expense. I understand that any use or possession of alcohol, firearms, weapons, or drugs (not prescribed by a physician) will automatically result in my being sent home at my expense. In the event of an emergency, I hereby authorize a leader of this activity, as

an agent for me, to consent to: any x-ray examination, medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my emergency contact to be contacted as soon as possible. I understand that this document constitutes a full and complete waiver of all possible claims for any act of omission, including claims for negligence regarding injury or property damage, arising out of my participation in the trip. I understand that this release applies to, covers and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, provincial or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

ALL PARTICIPANTS – SIGNATURE REQUIRED

I agree to cheerfully participate in all assignments and activities and to abide by the decisions and schedules set by the Mission Team leaders. I acknowledge that I am representing Jesus Christ and GEMS while on this mission trip and will conduct myself appropriately at all times. I do hereby certify that I promise to abide by the rules and regulations set forth therein. I certify also that all information in this application is correct and that I have read, understood, and agreed to all the provisions of the Liability Waiver/Authorization/Release as stated. In addition, I give my permission to be photographed or videotaped for use in GEMS promotional materials including, but not limited to, printed brochures and website photos/promotions. My image will not be used for any other purpose than the promotion of GEMS.

Signature: _____ Date: _____