

2008 Sunnyside SDA Mission Trip Registration Form

Name _____ E. Mail _____
Age _____ Phone# () _____
Address _____ City _____ State _____ Zip _____
Your Church _____ Pastor _____
Church Address _____ City _____ State _____ Zip _____
Parent's Name _____ Parent's Address _____
Parent's Occupation _____ Work Phone# () _____
Are you a U.S. Citizen? Yes No If not, do you have a U.S. multiple entry visa? Yes No
Is this your first outreach? Yes No No Could you serve as an Interpreter? Yes No No

MEDICAL (Note: Please fill in this section completely.)

Outreach Attending: Mexico
Outreach Dates: 6-22 Thru 6-28-08
Name _____ Age _____ Date of Birth _____
Home Phone () _____ Work Phone () _____
Parents/Guardian Names _____ Address _____
In the event your parent/guardian is not available, list one other name & Telephone number to notify in case of emergency.
Name _____ Phone () _____
Health Insurance Company _____
Health Insurance Billing Address _____
Policy Number _____ Name of Insured _____
Family Doctor _____ Phone () _____
Date of last tetanus shot (must be current) _____
If you have any medical problems, special medications, diets, allergies, allergies to medications, or have had major illness or surgery within the last twelve months, please note them below.

Attach additional sheet with details if more space is needed.

Liability Release

I/we hereby release Sunnyside Seventh Day Adventist Church, it's officer's, directors, employees, agent, and volunteer assistants from any and all liability whatsoever arising out of any injury, damage or loss which may be sustained by the applicant named on this form during their participation with SUNNYSIDE SEVENTH DAY ADVENIST CHURCH.

In the event of an injury or illness, I hereby give staff permission to secure necessary medical treatment, and I relieve any and all liability in such an event

Applicant's Signature _____ Date _____
Parent/Guardian Signature _____ Date _____
(only if applicant is under 18 years of age)
Relationship to applicant _____