

# 2018-2019 Belize Training Center Mission Trip Application for Participation

Trip Dates: \_\_\_\_\_

## Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issue Date/Expiration Date: \_\_\_\_\_

Name as it appears on your passport: \_\_\_\_\_

Male  Female  Single  Married Spouse name: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work : \_\_\_\_\_

Email: \_\_\_\_\_

## Medical History:

Limitations: \_\_\_\_\_

Any history of the following: trick knee weak ankles bad back other: \_\_\_\_\_

Are you subject to: diabetes epilepsy heart disease hypertension other: \_\_\_\_\_

Surgeries? \_\_\_\_\_ Date of last Tetanus shot? \_\_\_\_\_

Medicines taken: \_\_\_\_\_

Allergies (food, drugs, other): \_\_\_\_\_

Medical treatment received in the past year: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Belize Training Center Liability Release Form**

Release of all Claims

In consideration for being accepted by the Belize Training Center for participation in events from January 2015 through December 2016, I do hereby release, forever discharge and agree to hold harmless Belize Training Center and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child---participant that occur while said child is participating in the above described trip or activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Belize Training Center to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Belize Training Center, its directors, employees and agents, for any liability sustained by Belize Training Center as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**(If the participant has not attained the age of 18 years):**

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_

Participant's Name (Print)	Signature	Date
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(Only participant need sign if 18 years of age or older. If under 18, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

\_\_\_\_\_

(Father)	(Mother)	Date
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\_\_\_\_\_

(Legal guardian)	(Parent/Guardian Telephone)	
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**Consent:**

I hereby give permission for my son/daughter /self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury. (Please circle one.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance:**

Insurance issued in the name of: \_\_\_\_\_

Address of insured: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

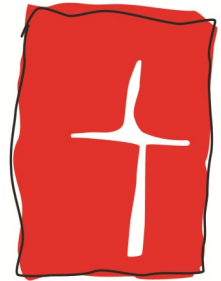
Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

*Please include copy of current medical insurance card.*

## Belize Training Center Team Member “Code of Conduct” and Commitment

I support the mission statement of the Belize Training Center. I understand that all who participate in mission events are expected to observe and adhere to the following standard of conduct during the entire duration of the event. As a participant I understand and agree that:

1. A spirit of unity, care and concern for my teammates, and gentleness will guide my thoughts and actions throughout this event.
2. I will adhere to any dress code established for the event at all times. I understand that dress codes vary widely depending on the local culture and what is considered appropriate attire.
3. I will not leave the team or the vicinity of our work unless directed or allowed to do so by team leaders.
4. I agree that contact with members of the opposite sex should be limited and controlled, so that we reflect the light of God and avoid even the appearance of inappropriate behavior.
5. I will not participate in activities or visit any establishment or place which may be seen by others as inconsistent with a Christian lifestyle.
6. I will not use profanity at any time.
7. I understand that I cannot smoke or consume tobacco products at any time.
8. I will not possess or consume alcoholic beverages or assist others in doing so.
9. I will not possess, use, or distribute any drug or substance for which possession or distribution is unlawful.
10. I will abide by any additional guidelines which may be deemed necessary by Belize Training Center.



_____ Participant's Name 18 or older (Print)	_____ Signature	_____ Date
_____ Legal Guardian if Under 18 (Print)	_____ Legal Guardian Signature	_____ Date

## Checklist for Application

**Make sure all of the following are completed before sending:**

- Completed Mission Trip Application for Participation Form
- Current color photo (for use in case of emergency)
- Color copy of passport (**must be valid 6 months past date of trip**)
- Liability Release Form (signed and dated)
- Code of Conduct and Commitment Form (signed and dated)

**Photocopy all documents for your records and return to the leader of your team.**