

Joplin District NYI-Alaska 2010

Sponsor and Student Application and Authorization Form

THIS TRIP IS CONSIDERED OUR INTERNATIONAL TRIP AND THUS IS RESERVED FOR HIGH SCHOOL AND COLLEGE AND CAREER AGE STUDENTS ONLY. YOU MUST BE AT MINIMUM A CURRENT HIGH SCHOOL STUDENT AT THE TIME YOU SUBMIT YOUR APPLICATION TO BE CONSIDERED FOR THIS TRIP.

Complete this application and submit it with a non-refundable deposit of \$700 by December 31, 2009 to Brian Murrison, 500 Fir Neodesha, KS 66757. Your remaining balance of \$650 is due on or before April 30, 2010. Sponsors only submit an application at first. Those selected will be informed once that decision is made. It would be best to plan on paying until you hear different.

Applicant Contact Information

Name: _____ Home Telephone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Age: _____ Email Address: _____
 Current Grade In School: _____ T-Shirt Size: _____

Care Giver/Emergency Contact Information

Care Giver Name(s): _____ Relationship: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cellular Phone #: _____
 Emergency Contact: _____ Relationship: _____ Telephone #: _____

Prayer Partner Contact Information

Name: _____ Home Phone #: _____ Email Address: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

By signing this form below, I hereby grant permission for my child to:

1. Be an active member of all Alaska 2010 Work Projects.
2. Participate in all work projects/activities and use all equipment while supervised by Joplin District NYI Youth Sponsors
3. Be transported by Joplin District NYI Youth Sponsors in the approved Alaska 2010 vehicles.
4. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, either such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) hereby release Joplin District Church of the Nazarene NYI, its directors and/or adult chaperones, to consent to hospital care, to be rendered to the minor by the aforesaid physician, dentist or licensed hospital.
5. The undersigned shall be liable and agree(s) to pay costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
6. Should it be necessary for our (my) child to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs.

Medical Information

List **ALL** current medications-All medications must be given to the designated Joplin District NYI Youth Sponsor, in the original bottle(s) prior to departing for Mission Waco.

	<u>Medication 1</u>	<u>Medication 2</u>	<u>Medication 3</u>	<u>Medication 4</u>
Medication:	_____	_____	_____	_____
Dosage:	_____	_____	_____	_____
Time(s):	_____	_____	_____	_____
Doctor:	_____	_____	_____	_____

List any medical or special needs that Joplin District NYI Youth Sponsors should be made aware of such as allergies, asthma, reoccurring medical conditions, mental health diagnosis, etc. **IF NOT APPLICABLE, PLEASE LIST "NA."** Use additional paper if needed.

Talents/Gifts/Skills Assessment (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Aluminum/Vinyl Siding | <input type="checkbox"/> Electrician | <input type="checkbox"/> Preacher |
| <input type="checkbox"/> Block layer | <input type="checkbox"/> First Aid /CPR | <input type="checkbox"/> Public Speaker |
| <input type="checkbox"/> Brick layer | <input type="checkbox"/> Framing (including layout) | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> General Office Work | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Cement Finisher | <input type="checkbox"/> Iron Worker | <input type="checkbox"/> Singer-Lead Worship |
| <input type="checkbox"/> Cement Worker | <input type="checkbox"/> Laundry | <input type="checkbox"/> Singer-Group |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Singer-Solo |
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Painter | <input type="checkbox"/> Supervisor/Leadership |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Personal Evangelist | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Cooking/Food preparation | <input type="checkbox"/> Photographer | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Devotional Leader | <input type="checkbox"/> Play Instrument | <input type="checkbox"/> VBS Worker |
| <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Plumber | <input type="checkbox"/> Welder |

Please provide any additional information in regards to what you have circled above, or any skills that were not listed, that may be beneficial when making arrangements for work projects.

Participant Expectations-By signing below, I understand and agree to follow through with the expectations listed below:

1. Maintain a Christ-like attitude at all times.
2. Submit to the leadership and supervision of all sponsors/adults.
3. Be where you are supposed to be, when you are supposed to be there.
4. Participate in all work projects, bible studies, devotional times and activities to the best of your ability.
5. Maintain your daily devotions during the trip.
6. Follow all guidelines and rules as outlined in accompanying paperwork.

By signing below, we (student and caregiver or sponsor) understand the expectations of our child as outlined.

_____ Student/Sponsor Signature

_____ Date

_____ Caregiver Signature

_____ Date

_____ Witness Signature (Non Family Member and required for medical attention if needed)

_____ Date