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TRIP	
DATE	



Personal Information
NameBirthdateAge Gender
Address
City,State,Zip
PhoneEmail
T-shirt size, please circle (adult: S M L XL XXL XXXL) (child S M L XL)
Please indicate your 1st 2nd & 3rd choice of areas of service (circleConstructionKids CampKitchen crew
PaintingLandscaping/Yard WorkClean-up crew
Medical Information
Check the appropriate blank if any of the follow apply to you.*
Allergies/Bee/Wasp ReactionDizziness or FaintingHay FeverPenicillin AllergyHigh Blood PressureEpilepsy
Physical Disability Respiratory Problems Asthma Diabetes Heart Trouble Operation within last year
Regular MedicationOther
IN CASE OF EMERGENCY CONTACT:
Name:
Address:
Insurance Information
Applications will not be processed without insurance information.
Your Insurance CompanyPolicy Number
Student/Youth Guardian Release
As the parent/legal guardian of the above-named minor, I give my permission for him/her to participate in the <i>Vision Appalachia</i> missions trip mentioned above. I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE FORM. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.  (Sign in the presence of a Notary Public)
SignatureDate
Relationship to Participant NOTE: Notarization is <u>required</u> If youth is not accompanied by a parent:
State of County of
Sworn to and subscribed to me this day of, 20