

APPLICATION/REGISTRATION
YUCATÁN MISSION ENCOUNTER AND CULTURAL EXCHANGE EXPERIENCE

CIRCA ~ CHETUMAL

January 29 – February 6, 2010

NAME: _____

(Please: as it reads on your proof of citizenship)

PREFERRED NAME/NICKNAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ WORK PHONE: _____

PASSPORT NUMBER: _____ BIRTH DATE: _____

1. WHY ARE YOU INTERESTED IN THIS EXPERIENCE? (Use additional pages if necessary)

2. WHAT DO YOU BELIEVE YOU CAN CONTRIBUTE TO THIS EXPERIENCE?

3. DO YOU UNDERSTAND THE DIFFICULT AND PRIMITIVE CONDITIONS YOU WILL HAVE TO FACE IF SELECTED TO PARTICIPATE?

4. WHAT DO YOU EXPECT TO GAIN FROM THIS EXPERIENCE?

5. DO YOU HAVE ANY PHYSICAL/or DIETARY LIMITATIONS? IF SO WHAT ARE THEY?

6. DO YOU SPEAK SPANISH?

COMMENTS/QUESTIONS:

**CONSENT AND AUTHORIZATION FOR ATTENDANCE AND
EMERGENCY MEDICAL TREATMENT FOR MINORS**

_____ has my permission to travel to Mexico and Belize to attend the Quintana Roo, Mexico, Yucatán Work Study Mission Encounter January 29, 2010 – February 6, 2010. He/she has permission to travel unaccompanied by me. I understand that he/she will travel with a group from the First Presbyterian Church of Holt, MI.; First Presbyterian Church of Howell, MI; First Presbyterian Church of Bay City, MI, First Presbyterian Church of Jackson, MI; First Presbyterian Church of Howell.

Birthdate _____

Medical/health insurance carrier and policy number _____

(Bring a copy of Medical Insurance cards if possible)

Allergies _____ Medications Needed _____

Blood type _____

Does Youth wear contacts? _____

Does Youth wear orthodontics retainer? _____

Phone number where parents or guardian can be reached.

If the leadership team determines that professional medical care is needed they have my permission to secure it.

*I am the Registrant's legal guardian. I am signing this release on my own behalf and on behalf of the Registrant and his/her heirs and assigns.

Parent or Guardian's signature and date

Parent or Guardian's signature and date

Notary _____

Date: _____