



Nakuru, Kenya, Mission Trip

Sponsored by
Organization of Christian Ministries
Application Form
(Please Print)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Day: _____ Night: _____

Parent/Guardian/Sponsor (if under 17) _____

Emergency Name & Number: _____

E-mail Address: _____

<p>OCM Office Use Only</p> <p>Deposit Enclosed: _____ (\$100.00, payable to O.C.M.)</p> <p>Date Rec'd: _____ Check # _____ Cash _____ Balance _____</p>

MEDICAL INSURANCE & HOSPITALIZATION STATEMENTS

Insurance company Name: _____

Telephone: _____ Insurance Agent: _____

Policy #: _____

Circle one: HMO Group Plan Individual Policy PPO POS Other

TEAM MEMBER STATEMENT

(To be filled out by ALL Members)

I want this mission experience to be the best ever. I will bring my best attitude, all my cooperation, my talents, and my enthusiasm. I will help to create a safe and enthusiastic atmosphere, and I will take part in all mission activities.

Signed: _____ Date: _____

PARENT STATEMENT

(To be filled out by parent/guardian/sponsor if applicant is 17 or under.)

I assume full responsibility for _____'s or my behavior and understand that neither the Organization of Christian Ministries, Inc., its Staff, Board of Directors, or designated representatives will be held responsible in any way in case of illness while my child/I/is/am a participant in the 2004 Kenya Mission Trip. I understand that all Organization of Christian Ministries' rules and those adapted for this mission trip apply.

Signed: _____ Date: _____

(Over)

MEDICAL INFORMATION

We do not anticipate injuries or emergencies but as a precautionary measure, we would like the following medical information. This information will be put in our files with this application, if ever needed:

Family Physician: _____

Telephone: _____ Address: _____

Please note: All medications, prescription or non-prescription, are to be turned over to the Kenya Mission Team Director if participant is 17 years or younger. Medications **MUST** be in original containers and accompanied by clearly written directions. Please list any allergies, special diet needs, medication(s) or other health concerns:

MEDICAL AUTHORIZATION

Should my child/I sustain or incur any accident or illness while attending the Kenya Mission Trip, I hereby authorize the director, or his agent, to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf. In the event that my child/I has/have an illness or accident while on this mission trip which requires a visit to a doctor or hospital, any existing family/personal policies will represent the primary insurance coverage. All expenses beyond insurance are our responsibility as parents/guardians.

RELEASE AND HOLD HARMLESS

I/we the undersigned person/parent(s) or guardian(s) of _____, in consideration of my/our child attending the Kenya Mission Trip, give my/our permission and approval for my/our child to go on this trip with and under the supervision of James Kinyanjui and/or Thomas Duarte and/or their designee, and to participate in any and all activities of said mission and hereby assume all risks and hazards of such participation; the undersigned hereby waive, release, and discharge any and all claims of the applicant and the undersigned against the Organization of Christian Ministries, Inc., their heirs, affiliates, subsidiaries, agents, employees, contractors, and successors, and assigns on account of such participation, and expressly agree to indemnify and hold harmless said release's from any and all claims of the applicant and the undersigned.

Both parents/guardians must sign as well as the Mission Team Member.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Mission Team Member: _____ Date: _____

This form must be notarized. Notary Public: