

Registration & Covenant Forms
WPF/SCPC Mission Trip, March 6-13, 2010
Tucson, AZ

Date: _____

Name of Participant: _____

Name of Insurance Policy Holder: _____

Insurance Carrier: _____

Insurance Policy # and Group #: _____

Emergency contact/Relationship March 6-13, 2010: _____

(home): _____ (work): _____ (cell): _____

Secondary Emergency Contact/Relationship _____

(if above can't be reached):

(home): _____ (work): _____ (cell): _____

Please list drug and other allergies, special medical problems, medications:

Would you be willing to drive for the trip (must be over 21, with clean driving record)?

_____ yes _____ no

Permission/Medical Release (2 signatures required):

In case of illness or injury during this event, including transportation, I give permission for those in charge to seek medical treatment for myself. I understand my emergency contact will be contacted in such an emergency.

Signature (over 18 yrs): _____

I agree to involve myself fully in the scheduled activities during the mission trip and to conduct myself in a manner which glorifies God throughout the entire trip. I accept responsibility for my actions and realize that violation of this covenant constitutes a resignation from the event and that I am responsible for my own return home.

Signature (over 18 yrs): _____

- A copy (front & back) of your **Insurance Card** must be attached to this form.
- Completed authorization forms should be returned with this registration form.