



Orthodox Youth Outreach
 237 Long Hill Road
 Little Falls, NJ 07424

Mission Trip Application

Thank you for your interest in joining us on a short-term mission project. Please complete and return this application, along with a **\$75 USD** deposit to the address above. The remainder of the registration fee is due upon confirmation of acceptance. If you have any questions, please feel free to call us at (904) 347-9220.

Checks should be made payable to: Orthodox Youth Outreach

PERSONAL INFORMATION

NAME	AGE	SEX	HOME PHONE	LAST FOUR DIGITS OF SOCIAL SECURITY # OR SOCIAL INSURANCE #
ADDRESS		CITY / STATE / ZIP		
EMAIL		PASSPORT # (IF APPLICABLE)		
CHURCH / CITY		PASTOR'S NAME		
EVENT LOCATION (1ST CHOICE)	IM SCREEN NAME	T-SHIRT SIZE S M L XL XXL		

FATHER'S NAME	WORK PHONE	CELL PHONE
MOTHER'S NAME	WORK PHONE	CELL PHONE
EMERGENCY CONTACT	WORK PHONE	CELL PHONE

MEDICAL AND LIFESTYLE INFORMATION

Overall health condition: Excellent Good Fair Poor

1. When was your last immunization for tetanus? _____

2. List any allergies _____

How do you manage them? _____

What limitations do your allergies normally cause? _____

3. List any diagnosed medical and/or psychological conditions from which you suffer _____

Explain any medication or therapy for the above-mentioned condition(s) _____

4. Please explain any major illnesses within the last five years _____

5. Primary Physician _____ Phone # _____

6. Insurance _____ Policy # _____

7. On a separate piece of paper, explain the circumstances and issues surrounding any attempted suicide.

8. List any limitations, diet restrictions, or specific health problems you have which might impair your ability to serve _____

9. List any use of alcohol, tobacco, or drugs _____

10. Have you ever been convicted of a felony? Yes No



Orthodox Youth Outreach
237 Long Hill Road
Little Falls, NJ 07424

Release & Medical Consent

The undersigned wishes his or her minor child or ward _____ (herein the “Child”) to participate in the Center for Student Missions outreach program (herein the “Activity”) sponsored by the Antiochian Orthodox Christian Archdiocese of North America, a nonprofit religious corporation (herein the “Church”).

Church and the undersigned agree that the Activity poses certain risks, including travel by both public and private cars, vans, busses, trains or airlines, handling of tools and equipment in connection with food and clothing distribution programs and soup kitchen programs, possible exposure to sick patients in retirement homes and care facilities, exposure to prisoners serving time in jails or correctional facilities, and risks inherently present in inner city locations which have conditions which may differ significantly from those experienced in the Child’s regular home environment. Exposure to these conditions, and the opportunity to learn about them firsthand, of course, is one of the most important parts of the Christian outreach experience offered by the Activity.

For and in consideration of the Church allowing the Child to participate in the Activity, and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself or herself, for the child and the Child’s personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the “Releasers”), release, waive, discharge and covenant not to sue the Church and its Board Members, Pastors, officers, employees and agents (herein the “Releasees”), from all liability to the Releasers, on account of injury to the Child or the death of the Child or injury to the property of the Child, whether caused by the negligence of Releasees or otherwise, while the Child is participating in the Activity.

The undersigned has had the opportunity to ask questions and investigate the risks and other hazards that may be involved in the Activity and is allowing the child to participate in the Activity based on that investigation and with knowledge of those risks. The undersigned voluntarily assumes the risks of loss, damage, or injury that may be sustained by the Child while participating in the Activity.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

Caution: Read Before Signing

Date Parent or Legal Guardian Signature Parent or Legal Guardian Name (Please print)

Parent or Legal Guardian’s relationship to child

Witness Signature Witness Name (Please print)



Parental Authorization to Consent to Treatment of Minor

Parent or Legal Guardian Herein ("Parent")

(Herein "Minor")

(Herein "Designated Agent")

The above-named Parent of the Minor has entrusted the Minor into the care of Orthodox Youth Outreach (herein "Organization"), while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor.

The Parent does hereby authorize the Designated Agent of the Organization to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the laws of the State or Country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Designated Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Designated Agent upon the completion of treatment.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Designated Agent under his authorization.

These authorizations shall remain effective until _____ unless sooner revoked in writing delivered to said Designated Agent.

Date Parent or Legal Guardian Signature