

LASTLEAF SUMMER MISSIONS
2016 REGISTRATION FOR ADULTS

REGISTRATION OPTIONS – Please check the box that applies to you

- INDIVIDUAL:** (If you are under 18 years, please complete the Minor Registration Form)
- GROUP:** *If registering as a group, individual registration must be completed for each member*
Name of Church/Organization: _____
Of Adults: _____ Of Minors: _____
- FAMILY:** *If registering as a family, individual registration must be completed for each member*
Family Name: _____
Of Adults: _____ # Of Children & Ages: _____

LASTLEAF MISSIONS 2016

Please your trip of interest

- Pucallpa, Peru: Clean Water / Tribal Evangelism**
Spring Break Trip
02/27 – 03/07
TOTAL COST: \$1395 + Airfare
- Panama: Homes of Hope / Build a Home in 1 Week for a Family**
Summer Trip
06/17 – 06/24
TOTAL COST: \$735 + Airfare
- Dominican Republic: Community Outreach/ Evangelism**
Summer Trip
06/24 – 07/01
TOTAL COST: \$1030 + Airfare
- Jacksonville, FL: City Outreach/ VBS**
Summer Trip
07/10 – 07/17
TOTAL COST: \$625 + Travel Expense

Antrim, Northern Ireland: City Outreach/ Children's VBS / Youth Club / Soccer Summer Trip

07/22 – 08/01

TOTAL COST: \$1265 + Airfare

**** Northern Ireland cost is based upon housing 3 in a room; upgrade is available for 2 in a room**

Armagh, Northern Ireland: City Outreach/ Children's VBS / Youth Club / Soccer Summer Trip

07/29 – 08/08

TOTAL COST: \$1265 + Airfare

** Please note: Donations can be mailed to Lastleaf PO Box 1604 Camp Hill, PA 17001, or can be made at our site www.lastleaf.org. If writing a check, please do not designate a name in the memo line. Instead designate the trip name (i.e. Antrim, Ireland), and include a separate note indicating your wishes to whose trip the donation should be given.

Lastleaf is a ministry of Journey Community Church. Tax Receipts will be sent out accordingly.

FOR OFFICE USE ONLY

- Registration form completed
- Medical Authorization form completed (pgs 8-10)
- Release Form completed _____ and notarized _____ (pgs 11-13)
- 3 copies of Passport (1 for you, 1 to give to a close relative, and 1 to us)

Dated: _____

Staff: _____

PAYMENT - TERMS & CONDITIONS

Please read and understand this before you register.

You must accept these terms and conditions before submitting.



- Deposit of \$100 USD or \$150 USD for a family is due with application and is non-refundable and non-transferable.
- Remaining cost of trip is non-refundable but is transferable to a different date within one calendar year of your applied trip
- Remaining cost may also be transferable to an approved applicant going on a Lastleaf Missions Trip within one calendar year of your applied trip per Lastleaf Missions written consent
- Failure to make payment in full prior to mission trip departure will result in cancellation of the mission trip for the individual.
- Lastleaf Missions is not responsible for medications, vaccinations, or passports.
- Final payments that are late (post-marked after final due date) will result in a 5% late fee
- Trip Cancellation Policy: Lastleaf Missions reserves the right to cancel or postpone your trip for any reason at any time. If Lastleaf Missions cancels or postpones your trip, 100% of payments already made to Lastleaf Missions are transferable to any date in the same calendar year or the following year. Lastleaf Missions is not subject to the opinion or recommendation of any individual, team, group, or group leader regarding its ministry and trips. Last Leaf Missions is also not subject to any local, national, or international governmental or non-governmental recommendations to continue or suspend travel to any location. Cancellation made by any individual or team for any reason already registered with Lastleaf Missions results in forfeit of all payments made to Lastleaf Missions for registered trip. Payments already made to Last Leaf Missions are 100% nonrefundable but transferable to a trip date approved by Lastleaf Missions within the same calendar year or following year. Lastleaf Missions is under no obligation to open a new trip date for any registered team or individual that has canceled their trip date. Any team or individual that cancels a trip and would like to transfer funds to a different trip within the same year or year following must have written consent from Lastleaf Missions. Without written consent from Lastleaf Missions, the registered group or individual is subject to 100% loss of payments made for registered trip.

I agree to these terms and conditions:

Signature: _____ **Date:** _____



ADULT (18YRS+) REGISTRATION FORM

For participants under 18, please submit the "Minor Registration Form"

DEMOGRAPHIC INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

Address (2): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Communicate via text (circle one): YES or NO

Best Time to Contact You: AM / PM / Anytime

T-Shirt Size (circle one): XS YM YL S M L XL XXL

I, _____, do hereby give Lastleaf Missions and any/all of their licensees and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

Initial: _____ Date: _____

PERSONAL INFORMATION

PASSPORT INFORMATION

Full Name (as listed on passport): _____

Gender (circle): Male / Female Date of Birth: _____

Do you have a current passport: YES or NO*

*If you do not have a current passport, you will need to begin this process before you apply for LLM trip.

In order for your application to be complete, you must show proof that you have applied for a current passport and that it is "in process" http://www.travel.state.gov/passport/passport_1738.html

BACKGROUND CHECK

If you are 18 or older, you must provide or include \$25 for a personal background check, and any child clearances.

Payment can be included with submission of registration form.



EDUCATION / LIFE (Please mark your current status):

- College / Number of Years Completed: _____
- Post-Graduate Work / Area of Study: _____
- Marital Status: _____
- Professional Career / Other: _____

MISSIONS EXPERIENCE

Have you been on a short-term missions trip before (circle one): YES or NO

If so, please list previous missions experience below:

Location(s): _____

Date(s): _____

Church/Organization that hosted your trip: _____

Do you speak another language: YES or NO

If YES, please specify: _____

LOCAL CHURCH INVOLVMENT

Name of your current home church: _____

Church address: _____

Church phone #: _____

Pastor name: _____ Pastor phone #: _____

How would you describe your attendance? (Circle one)

Weekly Monthly Occasional Other: _____

What church ministries are you currently involved in? _____

What church ministries/leadership have you been involved in within the last 2 years? _____



COMMUNITY INVOLVMENT (if applicable)

Please list any community outreach/ service that you have been involved in within the last 2 years: _____

LEADERSHIP EXPERIENCE (if applicable)

Please list any leadership experience that you have had within the past 2 years: _____

CURRENT EMPLOYMENT (if applicable)

Please list your current employment situation:

Employer: _____ Select One: Part time / Full Time

Current Position: _____

TALENTS / INTERESTS

Please list your current extra curricular activities or interests (i.e. sports, drama, art, music):

Please list any gifts/ talents that you would consider using on the missions trip (music, drama, speaking, puppetry, etc.):

What experience have you had using the above?



OUTREACH MINISTRY

Please check the following areas that you would be interested in participating in on our trip:

- | | |
|--|---|
| <input type="radio"/> Drama | <input type="radio"/> Vocal Music/ Solo or Group |
| <input type="radio"/> Human Video | <input type="radio"/> Children's Crafts |
| <input type="radio"/> Puppets | <input type="radio"/> Presenting Bible Lessons for Children |
| <input type="radio"/> Children's Games | <input type="radio"/> Juggling |
| <input type="radio"/> Face Painting | <input type="radio"/> Magic Tricks |
| <input type="radio"/> Sharing your Testimony | <input type="radio"/> Percussion Routines (including STOMP) |
| <input type="radio"/> Sharing a Message | <input type="radio"/> Service (Clean Up) |
| <input type="radio"/> Dance | <input type="radio"/> Other: _____ |
| <input type="radio"/> Balloon Animals | _____ |
| <input type="radio"/> Instrumental Music | |

PASTORAL REFERENCE

If you ages 13-18yrs, please provide a pastoral reference in the form of a recommendation letter. Please have your Pastor mail or eMail a one page recommendation letter in regards to your participation in the trip. Please include your name and trip name and date of the trip in the memo of the eMail or letter. Our mailing address is Lastleaf Missions, PO Box 1604, Camp Hill, PA 17001, and eMails can be sent to info@lastleaf.org

PERSONAL REFLECTION (Adult: Age 18 and up)

Please submit a personal reflection so that we can get to know you better!

1. Describe some of your personal goals for this missions' trip.
2. Please write a current synopsis of your faith or testimony.

Leadership Opportunity Available:

Are you in the medical field? Please the box below if you would like to be considered for this position.

Health Advisor (\$250 scholarship -1 per trip)

- Responsible to oversee individual health concerns of team members throughout trip
- Collect and carry personal health information at all times
- Medical training and experience required
- Adult Position only
- Please write up experience and submit with contact info



Lastleaf Missions 2016
Medical Authorization Release Form
(This form is required for all participants)
****Attach a copy of trip participant's medical insurance card****

Medical Insurance information

Name: _____ Age: _____ Birthdate: _____

Insurance Company:

Insurance Company Mailing Address:

Insurance Co Phone #:

Policy Number/Group Number:

Physician's Name & Phone #:

Dentist's Name & Phone #:

Medical History Information

Operations or Serious Injuries (dates)

Chronic or Recurring Illnesses:

Allergies:

Allergies to medications or insect stings:

Special diet:

Special medication (name it) and how it is given:

Activity Restrictions:



Inoculation Information

- Shots are highly recommended for any Missions' Trip.
- Advance Medication may be in order up to 6 weeks prior to departure.
- Please consult with your family doctor about this.
- Shots highly recommended but NOT required for all countries are: Tetanus, DPT, Typhus/Typhoid and Gamma Globulin, Hepatitis A & B
- For further questions, consult your physician, or visit the Center for Disease Control at www.cdc.gov.

List dates of shots

Tetanus (highly recommended):

DPT:

Typhus/Typhoid:

Gamma Globulin:

Participant/ Parents Signature

_____ Date ____/____/____



TO BE COMPLETED BY HEALTH CARE PROVIDER FOR BOTH PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Participant Name: _____

Date of Birth: _____

DIAGNOSIS: _____

MEDICATION / PROCEDURE: _____

DOSAGE: _____

ROUTE: _____

TIME OF ADMINISTRATION: _____

SPECIAL INSTRUCTIONS: _____

DATES TO BE PERFORMED : _____

FOR SELF-ADMINISTRATION

YES NO – Student has demonstrated understanding of and ability to self administer above medication for asthma, diabetes, or anaphylactic reaction and may carry and self-administer as prescribed.

PRESCRIBED BY: _____ DATE: _____

(Signature of Health Care Provider)

Print Name: _____ Providers Phone #: _____

I hereby authorize the designated staff to administer the prescribed medication/procedure as directed above. I hereby release Lastleaf Missions and Journey Community Church and their agents and staff from all liability that may result from my child receiving the prescribed medication/procedure.

Parent / Guardian Signature _____ Date: _____

18yrs+/ Participant Signature _____ Date: _____



Release, Hold Harmless, and Consent, Agreements

(To be signed by all participants)

(This line for Minors only): My child, _____ has our permission to participate in the following 2016 Summer Missions Trip to _____

Must be signed in the presence of a NOTARY (or lawyer) by both parents and participant if participant is under the age of 18. If participant is 18 or older, they must sign the document in the presence of a NOTARY (or lawyer).

Medical and Travel Release, Hold Harmless Agreement:

On behalf of myself/my child, I further authorize Lastleaf, a DBA of Journey Community Church to:

- Release any and all other medical information or records to any party deemed necessary by Journey Community Church, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary group;
- To insure proper placement of my child in such group.

I hereby release and agree to indemnify Lastleaf, Journey Community Church, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold Journey Community Church harmless from any and all costs, damages or expenses incurred by Lastleaf, Journey Community Church as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by Lastleaf, Journey Community Church or myself.

I agree that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

I hereby release and hold harmless Lastleaf, Journey Community Church, its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this trip. I understand that this release and indemnification releases liability for the conduct of Lastleaf, Journey Community Church and its agents, servants, employees or assigns.

I also give Lastleaf Missions the right to use my/my child's picture, voice and/or testimony in any form of promotional or advertising materials.



Consent for Medical Treatment

- Participant wishes to be a member of a Lastleaf, Journey Community Church missionary group. Certain circumstances may occur resulting in Participant's need for medical/dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Lastleaf, Journey Community Church's Journey Community Church for Participant to participate in said missionary group, Participant or (in the case that Participant is a minor) Participant's Parent or Legal Guardian authorizes Lastleaf, Journey Community Church, or any designated agent of Lastleaf, Journey Community Church's Journey Community Church or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/ dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Lastleaf, Journey Community Church deems necessary for Participant's medical well-being for the duration of the mission. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent by Lastleaf, Journey Community Church shall have the same force and effect as if Participant had personally given the consent.
- I certify I have personal health insurance, including foreign countries, with no territorial limitation, for the providing of medical services to participant, which will provide coverage for participant during the duration of said mission. I understand that Lastleaf, Journey Community Church provides Brotherhood Mutual Coverage for it's team members. I understand that this coverage may not cover all claims.
- I understand that proof of insurance coverage will be due to my health care provider at the time of treatment or office visit.

Accountability Agreement

The rules and regulations of Lastleaf are specifically designed to ensure the safety and well-being of each team member and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. Lastleaf Missions staff enforces these rules and regulations. Enforcement shall occur in a manner, which Lastleaf Missions staff feels is in accordance with Christian principles and the stated purpose of the project. We expect full cooperation from members and parents in disciplinary decisions made. The discipline committee reserves the right to send home any team member that shows disregard for the stated rules and regulations. The team member and/or their family are responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel and food for the team member and chaperone. I have read the rules, regulations and the disciplinary measures and agree to abide by them.

Behavioral Agreement

By participating in a Lastleaf, Journey Community Church mission trip, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles. I understand the Maniac Oath is the standard of conduct for all members and will follow it to the best of my ability. The characteristics of the Maniac Oath include:



- Honor – I will be honorable through thoughts, actions and speech daily.
- Faith – I commit to listen to and obey God’s Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others.
- Relationships – I commit to love and esteem others higher than myself, understanding that my leaders, team members and the people of the world are God’s creation and are to be treated with love and respect.

*****Must Read Before Notarizing*****

*If participant is under 18 years old and both birth parents notarized signatures are not available, proper documentation must be attached. Documentation may include:

- Custody papers showing which parent or relative guardian has sole custody
- Copy of parent’s death certificate
- Copy of Participants birth certificate where father’s name is missing

My/our enclosed signature signifies my/our approval of the participant’s (who is under 18 years old) participation in LastLeaf a DBA of Journey Community Church Missions trips. I/we have read and understand the above information, all limitations listed above as well as my/our agreement with the Accountability and Behavioral Agreement. My/our signature represents that all information on these forms is true and correct to the best of my/our information.

*Father’s Signature: _____ Date: _____

*Mother’s Signature: _____ Date: _____

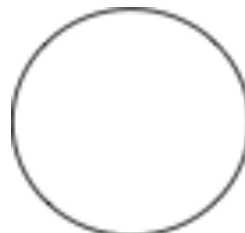
*Guardian’s Signature: _____ Date: _____

Participant’s Signature: _____ Date: _____

On _____, of 20____, before me, _____, a Notary Public in and for said county, personally appeared _____ (Subscribing Witness), known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

My commission expires: _____



AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____



Have you submitted all of the Necessary Documents?

***If you are under 18yrs old:**

- Minor Registration Form
- Personal Reflection
- Pastoral Reference (sent via eMail or postal mail)
- Deposit of \$100/ individual or \$150/ family to secure a spot (see directions below)
- Parental Consent Form: Please have this notarized
- Medical Authorization Form: Please include a photocopy of your insurance card

***If you are 18yrs and older:**

- Adult Registration Form - 18yrs+
- Personal Reflection / Pastoral Reference
- \$25 Fee to Process a Background Check (If you have a current one on file, you may forward it)
- Deposit of \$100 to secure spot on the team or \$150/ family
- Release/ Hold Harmless Agreement: sign and notarize please
- Medical Authorization Form: Please include a photocopy of your insurance card

Trip Payment Details:

All trip payments can be made in the following ways:

1. Checks can be made out to Lastleaf Missions and mailed to Lastleaf Missions, PO Box 1604, Camp Hill, PA 17001
2. Payments can be made online at www.lastleaf.org (please include your name in the notes)