



## Trip Registration Form

1. First, Middle, and Last Name (exactly as it appears on passport)

\_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

3. E-mail \_\_\_\_\_ Phone \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

5. Anticipated Service Location \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

### Complete for International Trips Only

1. Passport Number \_\_\_\_\_

Passport Issued Date \_\_\_\_\_

Passport Expiration Date \_\_\_\_\_

2. Have you ever been refused a visa to any country? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

3. Have you ever been cautioned, charged, or convicted of a criminal offense in any country, or do you have any cases pending? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

4. Have you ever been the subject of a police investigation in any country which did not lead to a criminal conviction? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

5. T-Shirt Size \_\_\_\_\_

# Medical Information

Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Known Conditions (Please Circle)

Asthma    Diabetes Type 1    Diabetes Type 2    Heart Condition    Seizures

Other \_\_\_\_\_

(Please explain details - when necessary - for particular conditions)

\_\_\_\_\_  
\_\_\_\_\_

Past Surgeries/Hospitalizations (Date/Purpose)

\_\_\_\_\_  
\_\_\_\_\_

Allergies (Drug and Other)

\_\_\_\_\_  
\_\_\_\_\_

Do you currently take prescription medications?     No     Yes

Current Prescription Medications

Corresponding Condition

_____	_____
_____	_____
_____	_____
_____	_____

Further explanation on any of the above if needed \_\_\_\_\_

\_\_\_\_\_

# Insurance Information

No Insurance

Health Insurance Company \_\_\_\_\_ Group# \_\_\_\_\_

ID# \_\_\_\_\_ Phone # \_\_\_\_\_

Holder Name \_\_\_\_\_

# Release and Waiver of Liability Form

I, the undersigned, will be participating/will let my child participate in the service/mission/educational/leisure trip from \_\_\_\_\_ to \_\_\_\_\_.

(Departure Date)

(Arrival Date)

I recognize that there are risks involved in participating in the trip and hereby assume all risk of injury, harm, damage, or death in connection with my/my child's participation. I understand and agree that neither Zion Lutheran Church of Clear Lake, Iowa, nor its employees and/or volunteers may be held liable in any way and I will release them from any injury, harm, damage, or death that may occur.

This release of liability shall cover all activities of my/my child's activities of service for Zion Lutheran Church for the term of this assignment for my/their heirs, executors and administrators, do by this instrument covenant to forever refrain from instituting, pressing or in any way aiding any claim demand, action or causes of action, for damages, costs, loss of service, expenses or compensation for, on account of, or in any way growing out of, or hereafter growing out of, my/their services with Zion Lutheran Church. I accept the risk of personal injury; death; property damage, loss or destruction; or any other personal loss of time or resources which attend the activities that I/they undertake with Zion Lutheran Church. I hereby agree to hold Zion Lutheran Church harmless from any damages resulting from any accident or event occurring under the above set of circumstances.

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## If Participant is under the age of 18:

Due to the increasing incidents of child abductions in disputed custody cases and as possible victims of child pornography, that unless the child is accompanied by both parents, that both parents or legal guardian sign their consent to the above. A signature by both parents is not necessary if one has lost legal rights to the child.

1. \_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

2. \_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.