

Mail check and completed registration form to:

_____ (participant name)

MOSES INC

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Weekend Trip Registration Form 2010-2011

THIS REGISTRATION CANNOT BE PROCESSED UNLESS ALL APPLICABLE AREAS OF THIS FORM ARE COMPLETED AND FULL PAYMENT HAS BEEN RECEIVED. STUDENT LEADERS ARE FREE AND EACH WILL RECEIVE A \$25 VOUCHER TO APPLY TO A FUTURE TRIP.

RETURN THIS COMPLETED REGISTRATION ALONG **WITH YOUR \$50 CHECK OR MONEY ORDER** (NO CASH PLEASE) IN AN ENVELOPE WITH FIRST CLASS POSTAGE TWO WEEKS PRIOR TO YOUR TRIP.

Today's Date: _____ Weekend Trip Dates: _____ to _____
Previous MOSES Experience: **Y N** If so, when _____

What, if any, previous short-term mission experience have you had? _____

What are your expectations of this trip? _____

How do you plan to contribute (other than financially) to this trip? (please list any musical, foreign language , and construction gifts) _____

Permanent Address*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____ Cell Phone(____) _____

Is this a new or change of address? **Yes No (Circle One)**

*(if in college residence, include both college and permanent addresses.)

Date of Birth: ___/___/___ Sex: **M F** School: _____ Class of : _____

Parents' Names: _____

Church: _____

MOSES Rules

The following rules are designed to enhance group unity. By signing your registration, you have agreed to abide by these rules.

1. Respect and obedience toward all teen team and adult leaders is mandatory.
2. No cell phones or personal electronic equipment.
3. No dating relationships or public display of affection (PDA) such as hand-holding, arm over shoulder or around waist.
4. No entering sleeping quarters of the opposite gender.
5. No tobacco, alcohol or illegal substances. **(MOSES trips and activities are tobacco-and alcohol free).**
6. No leaving the premises alone or without the permission of a Leader.
7. Apparel should be modest and appropriate at all times. Our appearance should reflect our mission of reaching others for Christ, not draw attention to ourselves. Student and adult leaders have the right to ask a participant to change or cover up inappropriate attire.
8. Profanity and offensive language are not acceptable and will not be tolerated.
9. The acquisition of tattoos or body piercings is not permitted on our trips.
10. Obey all Local and Federal Laws.

NOTE: Breaking of any of the above rules may result in the participant being sent home at his / her family's expense.

for office use only

Date Registration Received: _____

Fees Received: _____ Cash _____ Check _____ Voucher _____

Balance Due: _____ Date Paid In Full: _____

Registrations will be accepted if:

- 1. all sections of the registration are completed and signed.
- 2. your **non-refundable** complete trip fee is enclosed with the registration.
- 3. your registration arrives before the trip is full.

Note: If we cannot accommodate you on the trip, a refund will be given.

If chosen to be a part of the team, I will enter into covenant with the rest of the team with regard to the following:

- 1. Prayer for and with the rest of the team.
- 2. Attendance and participation at all planning sessions and commissioning service.
- 3. Commitment to a growing relationship with Jesus Christ through Bible study and small group times with others.

MEDICAL INFORMATION

Do you have medical insurance? Y N Date of last tetanus shot: _____/_____/_____

Carrier: _____

Policy Number: _____ Group Number: _____

Policy Holder: _____ Date of Birth of Policy Holder _____

Physician: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Parent's work phone: father (_____) _____ mother (_____) _____

List ALL prescription medications: _____

NOTE: all prescription and over-the-counter medications are to be turned over to the Trip Coordinator at departure.

List any illnesses or allergies: _____

List any disabilities or special needs: _____

Please attach a letter of explanation along with any special care needs. Include a photocopy of the front and back of participant's health insurance card and bring the actual card on the trip.

I, _____ the Parent/Guardian/Participant (circle one), authorize MOSES and its adult leadership to dispense Ibuprofen, Acetaminophen, or Aspirin in the event of an illness while participating on a MOSES service project.

Parent/Guardian/Participant Signature: _____ **Date:** ____/____/____

CONSENT TO TREAT

I, _____ as the Parent / the Guardian / the Participant (circle one), authorize MOSES and its adult leadership to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care as deemed advisable under the supervision of any licensed physician, or the medical staff of a licensed hospital in the event of accident or illness while participating on a MOSES service project. I will reimburse MOSES at the end of the trip for any treatment received.

Authorization is given in advance of any treatment or care being rendered and provides authority on the part of MOSES to give specific consent to any treatment or care.

I hereby authorize the hospital or physician which has provided treatment to surrender physical custody of the participant to the MOSES adult leader upon completion of treatment.

RELEASE OF LIABILITY

I, (participant) _____, plan to participate in the service project indicated and any related MOSES sponsored activities and recognize that participation in these activities may be hazardous.

In consideration of the privilege to participate extended to me by MOSES through its board of directors, I hereby, for myself, my heirs, executor, and/or administrator, forever release and discharge MOSES and its board of directors and service project leaders from any liability while participating individually or with others in said events.

I have read, understand, agree with, and will comply with the MOSES rules, Consent to Treat, and Release of Liability.

Participant Signature: _____ **Date:** ____/____/____

Parent (Guardian) Signature: _____ **Date:** ____/____/____