

Puente de Amistad Team Member Application – Minor

Please Print Legibly

Name: _____ Birth Date: ___/___/___ Age: _____ Gender: _____

Parent's Name: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship _____

Emergency Contact Phone (_____) _____

Personal Identification Questions

(to assist our emergency response team in the unlikely event it is needed)

1. Mother's Maiden Name _____

2. Favorite sport _____

3. Favorite color _____

Medical Information

This information will not be used to determine eligibility. It is important for your safety while you are on the trip. Please use the back of this page or attach additional sheets as necessary.

My overall physical condition is (circle one): Excellent Good Average Poor

If you circled anything other than excellent, please explain _____

List all medications that you are taking and their purpose (list additional medications on the back of this page)

Medicine _____ Dosage _____ For _____

Medicine _____ Dosage _____ For _____

Medicine _____ Dosage _____ For _____

Doctor's Name: _____ Phone (_____) _____

Date of last tetanus inoculation: ___/___/___

Health Insurance Carrier _____

Health Insurance ID number: _____ Group Number: _____

Is your medical insurance valid outside the United States? Yes _____ No _____.

If No: short-term mission trip insurance is required. Puente de Amistad and Open Bible Churches accepts no responsibility for medical costs incurred during your trip.

Please bring the original or a copy of your insurance card with you on your trip.

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Statement of Intent

The undersigned participant and parent/guardian do hereby consent to participate in or have our son, daughter, or ward participate in the noted activity organized by Puente de Amistad, a ministry of Open Bible Standard Churches, a religious, non-profit corporation. We have been informed that a foreign country is very different from the United States. We have been apprised that there are risks politically, militarily, culturally, safety-wise, and health-wise and that problems in any or all of these areas may arise during this mission trip. We have been apprised that, in Tijuana, Mexico, there is currently an added risk of rapid kidnappings and other violent crimes, which are mainly related to criminal activity with drug cartels. In addition, we have been apprised that the threat of terrorism against Americans increases on foreign soil. We are also aware of the threat of terrorism in air travel both from American and foreign airports. We also understand that this trip will involve mission activities, sporting activities and interacting directly with the people while on this trip. Having been so informed we give our permission for our son/daughter or ward to participate in the above named mission trip and we agree to assume all expenses occasioned by any injury or loss.

The undersigned participant agrees to abide by and the undersigned parent or guardian agrees that the participant is bound by the rules and regulations, supervision, and discipline set and applied by Open Bible Standard Churches and Puente de Amistad and its agents and the undersigned parent/guardian does hereby authorize Puente de Amistad or its staff members or other agents to arrange for and consent to X-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment for his or her son, daughter, or ward. The undersigned parent/guardian will furnish payment or insurance for any such treatments, at his/her own expense.

We have read the above and completed the medical information; we understand its content and import and agree to its provisions. We hereby declare this permission form is executed without reliance upon any statement or representation of Open Bible Standard Churches or Puente de Amistad or any agent, employee or volunteer thereof and the execution is made voluntarily and knowingly.

Important Advisory: Individuals traveling to a foreign country and reentering the U.S. are advised that having illegal substances (drugs) or illegal merchandise in their possession will subject them to severe penalties including fines and imprisonment as prescribed by each country. Violation of such laws overseas often results in automatic and lengthy prison terms.

Parent/Guardian signature _____ Date _____

Printed Name: _____

Signature of trip participant _____ Date _____

Printed Name: _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____ A.D. 20____, before me, the undersigned, a Notary Public in and for said County, in said State, personally appeared _____ to me known to be the identical person(s) named in and who executed the foregoing instrument, and acknowledged that **he/she/they** executed the same as **his/her/their** voluntary act and deed.

Notary Public

A facsimile or photocopy of this form shall be valid as the original.

Please send the original of this document to Puente de Amistad **and** keep a copy with your team at all times.