

Puerto Rico Trip (June 1 – 8, 2019)
Key Forms and Deadlines

- Missions Fund Application Form (Due Sunday, March 31)
- Deposit of \$200 (Due Sunday, April 7)
- Release and Waiver of Liability, requires notarization (Due Sunday, April 28)
- Medical Information Form (Due Sunday, April 28)
- Minor Travel Consent Form, if applicable (Due Sunday, April 28)
- Final Payment (Due Sunday, May 19)

**Make checks payable to North Roanoke Baptist Church. Please put Puerto Rico in the memo line.*



Mission Trip

Mission trip (location): _____

Date of the trip: _____ Estimated cost of the trip: \$ _____

Applicant Information

Name: _____ Birthday _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email: _____

School (if a student): _____ Year in school: _____

Are you a member of NRBC? Yes No Year joined? _____

What previous mission trips (if any) have you participated in (give last three)?

Where? _____ Date: _____ Assistance received: \$ _____

Where? _____ Date: _____ Assistance received: \$ _____

Where? _____ Date: _____ Assistance received: \$ _____

Request for Financial Assistance

- I am requesting the Mission Committee cover the first 20% of the cost of the trip.
- I am a high-school student and would like additional assistance (up to an additional 20%; based on available funds).
- I am also requesting additional help (up to an additional 20% of the cost of the trip). **Without additional assistance, I cannot afford to participate in this trip.**

Total amount requested: \$ _____ Date: _____

Signature of Participant

Signature of Parent (if under 18)

Staff Approval Date: _____ Amount approved: \$ _____

Lead Pastor

Missions and Community Pastor



north roanoke

Reach the World

Mission Trip Participants - Release and Waiver of Liability Form

I, the undersigned, will be participating in a short term mission trip to _____
(hereafter the "mission trip") on or about _____, 20____ to _____, 20____.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither North Roanoke Baptist Church nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release North Roanoke Baptist Church its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless North Roanoke Baptist Church its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize North Roanoke Baptist Church through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I understand that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip that exceeds the coverages provided by the mission trip insurance.

Executed this ____ day of _____, 20____.

Signature _____

Printed Name _____

Signed before me, _____,

(Full Name of Witness) this ____ day of _____, 20____ at _____.

Witness / Notary Public Signature: _____



Medical Information Form

Name _____

In an emergency contact:

Name: _____

Address: _____

Phone: _____ Cell phone: _____ Office: _____

Medical Conditions:

Allergies: _____

Do you have any medical or health problems? _____

Do you have a chronic or recurring illness that would affect your participation in this mission trip? _____

Health Problems: **Yes** **No**

Blood Pressure ___ ___

Heart Condition ___ ___

Circulation ___ ___

Back Problems ___ ___

Blood Type (If known) ___ ___

Medications you are currently using. Please list.

1. _____

2. _____

3. _____

4. _____

5. _____

Is a church staff member authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Family Doctor _____

Phone number _____

*This information is not required for your missionary journey but may be supplied by you on a voluntary basis. It is kept confidential and will only be used in a medical emergency. Only your team leader and/or North Roanoke Baptist Church staff member supervising your missionary journey will have access to your information



north roanoke
Reach the World

Minor (Child) Travel Consent Form

To Whom It May Concern,

I/We, _____

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

The Child

Child's Full Name:

Date of Birth: _____

Place of Birth: _____

Traveling Alone/Accompanying Person

My child is not traveling with an accompanying person

My child is traveling with an accompanying person known as

Full Name: _____

Relationship to Child: _____

U.S. Passport Number/ Valid US. ID Card: _____

Date Issuance: _____

Date Expiration: _____

Itinerary

My child will be traveling to _____ during the period of

_____.

During that period, my child will be residing with _____ at:

Street Address: _____

City _____ State/Province _____

Country _____ with the following contact information:

Phone Number: _____ E-Mail: _____

Parent / Legal Guardian Signature: _____

Date: _____

Full Name: _____

Parent / Legal Guardian Signature: _____

Date: _____

Full Name: _____

Signed before me,

_____, (Full Name
of Witness) this ____ day of _____, 20____ at _____.

Witness / Notary Public Signature: _____