

Boston Missions Trip April 15 - 20

YOUTH Participant Registration Form

Welcome!

We are excited you are coming to Boston! Expect to have an intense, hard-working, spiritually stretching time with us. Prepare yourself for what God will do!

What We Need From You

Every teenager and adult leader must complete a *Participant Registration Form* and *Participant Medical Form*. These forms include registration and medical information, a media release, as well as questions to help us get to know you better.

- *Teenage participants must sign these forms in three (3) places.*
- *Parents must sign in two (2) places.*

Incomplete or unsigned *Participant Registration* and *Medical Forms* submitted to OAC will not be accepted.

No individual may attend Open Air Campaigners(OAC) Boston without completed and signed forms.

Things to Remember:

I need to return my *Participant Registration* and *Medical Forms* to my Youth Leader by:

March 4th, \$50 deposit

The amount of money I need for my missions trip to OAC Boston is:

\$225 Total Cost

All checks payable to Palermo Christian Church
Students can raise support money

Final Payment is Due April 8th.

Parent & Student Information Meeting

March 4th, 3:30PM @ Palermo Christian Church

Participant Information

Name

Address

City

State

ZIP

Phone () -

Grade Completed

Date of Birth / /

Age

Sex

M

F

Email address

Home Church

Address

City

State

ZIP

Phone () -

Youth Leader Phil Hubbard

Denomination

Media Release

I give permission to OAC Boston, to interview, record, photograph, or videotape my youth as part of any activity authorized by OAC, and to use such media as OAC chooses in various aspects of its ministry

Participant Signature

Date

Parent/Guardian Signature

Date

Participant Application

This may be your first missions trip or it may be your fifth. At OAC Boston we all serve as a team and are committed to learning from the Word of God, one another, and the experiences we share. Please respond thoughtfully to the questions below. We want to get to know you. Thanks!

We believe God wants to change your life. What do you hope to learn while on your missions trip?

Working as a team is critical. How do you fit into the group? What are strengths and growth areas for your team?

Reflect back on the past year of your life. How do you think God has blessed you?

Participant Covenant - Your Commitment to God

We challenge you to spend this week focusing on others, not yourself. It is so hard, but is exactly what God desires. Please read the covenant below and, if you are willing to live it, then sign it!

I want to serve God with OAC Boston this summer. I will do my best to love God and to love others as much as I love myself. I will try to make my every thought, word, and action a true reflection of Jesus Christ and his love. When I am unsure or fail I will talk with God and rely upon his Word because I know that ...

“If anyone speaks, he should do it as one speaking the very words of God. If anyone serves, he should do it with the strength God provides, so that in all things God may be praised through Jesus Christ.” I Peter 4:11

Participant Signature

Date

Participant Information

Name		Church	
Address			
City	State	ZIP	
Phone () -			
Date of Birth	/	/	Age Sex <input type="checkbox"/> M <input type="checkbox"/> F

Emergency Contact Information

Parent / Guardian Name	Phone (Home) () -
Address (if different)	Phone (Work) () -
Email Address	Phone (Cell) () -
Will a Parent / Guardian be at the phone number above during the week your teenager is attending The Boston Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If all Parent / Guardian(s) are away, at what location will they be?	Phone () -
If parent / guardian cannot be reached, contact:	Phone (H) () -
Relationship to participant	Phone (W) () -

Medical Information

(Please attach extra pages as necessary)

Name of personal Physician	Phone () -
Insurance Carrier	Policy# <input type="checkbox"/> If you do not have medical insurance check this box.
Describe your general health condition.	
Describe any medical condition we or a doctor may need to know of during your trip (including chronic or recurring illnesses).	
List any known allergies (to medications, food, etc.). Explain what happens.	

Distribution of Medications

It is the responsibility of the Youth Leader to work in conjunction with OAC Boston Directors and Staff to dispense all medications, prescription and non-prescription, to youth who attend Open Air Campaigners.

Please list any medications your youth is taking	Dosage	Frequency	Reason for taking medication
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If none, please write "none".

MEDICATIONS MUST COME IN ORIGINAL BOTTLE WITH PROPER LABEL, INSTRUCTIONS, AND DOCTOR'S NAME.

Authorization for Emergency Medical Care / Release from Liability

I, _____, am informed of the activities offered by OAC Boston, located in Boston, Dorchester and Abington, Massachusetts and I hereby consent for my child to attend and participate in the activities provided by Open Air Campaigners Boston.

Transportation: I give my consent for the use of various forms of transportation, including but not limited to driving with adult leaders from my church and churches partnering with my church on the trip, OAC Boston staff, the subway, and walking from site to site with adult supervision.

I hereby give permission to the medical personnel selected by OAC Boston's director and health care consultant to administer medications provided by me with this form; to provide routine and emergency health care, to release records necessary for treatment and insurance purposes and to provide related transportation. In case of illness or injury and in the event I cannot make an informed decision, I authorize TheOAC Boston's staff to allow emergency medical treatment or surgery as required, to be performed by a licensed physician or hospital.

I hereby release Open Air Campaigners and its staff, and board of directors from liability resulting from any unforeseeable injury that is incurred by the participant listed on this form during activities with Open Air Campaigners.

Participant Signature

Date

Parent/Guardian Signature

(required if participant is under 18)

Date
