

Teen Work and Witness
In Costa Rica
June 29-July 6 plus travel
Student Medical and Liability

Student Information

First Name: _____ Middle: _____ Last: _____
Street Address: _____ City: _____ Zip _____
Date of Birth: _____ Age: _____ Gender: _____
Email: _____ Cell Number: _____
Church: _____ Pastors Name: _____
Church Address: _____ Church Phone Number: _____

Parent/Guardian Contact Information

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Health Information Authorization for Medical Treatment & Parent/Guardian Permission

Insurance Company: _____ Policy Number: _____

Group #: _____

Describe any health issues or diagnoses: _____

List all current medications and dosages:

Any allergies to medications? _____ Date of last Tetanus shot: _____

Family Physician: _____ Physician Phone: _____

Do any foods cause allergic reactions? _____ If yes explain: _____

Additional needs our staff should be aware of: _____

PARTICIPANT CONSENT FORM

In consideration for my participation on the **MISSION TRIP TO Costa Rica**, I, the undersigned, covenant and agree with **ENCUENTRO INC.** not to commence or prosecute, and to hold harmless **ENCUENTRO INC.** in the event of commencement or prosecution of, any demand, claim, action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to property, personal/bodily injury, harm or illness including death that may come to me while engaged in the activities of the above named Event taking place on (Date, Include all travel days) _____ while participating or while on the property of **ENCUENTRO INC.** during any activity relating to this event. This waiver applies to any harm, injury or illness that is the result of negligence by any party or intentional acts of other participants or volunteers at the Event or that is the result of negligence by **ENCUENTRO INC.** or any of its agents, employees, assigns, volunteers or other representatives in any other manner. I understand that **ENCUENTRO INC.** does not assume any liability for such loss, damage, personal injury, harm, or illness.

Participant Signature

Parent or Guardian Signature

Date

ALCOHOL & DRUG POLICY

By signing, the undersigned acknowledges that (1) **ENCUENTRO INC.** does not allow the possession or the use of any form of drugs or alcohol by anyone during its activities; (2) if anyone participating in this activity is caught possessing or using drugs or alcohol during such participation, will be asked to leave the team and go home at their own expense; (3) any violation of law resulting from such possession or use will be reported to law enforcement; and (4) any fines or legal actions will be the responsibility of the participant. The undersigned also grants designated leaders of **ENCUENTRO INC.** activities the right to search participants luggage, bags, person, and rooms at any time during the trip if they suspect any violation of this alcohol and drug policy. The foregoing applies to all activities, on or off campus, conducted by **ENCUENTRO INC.**

Participant Signature

Date: _____

Parent Signature

Date: _____

Team Leader Signature

Date: _____

Team Name: NWIL Northwestern Illinois

Location: Costa Rica

Date of Trip: June 29-July 6 plus travel

Payment Schedule

September 1, 2023	\$215	October 1, 2023	\$250
November 1, 2023	\$250	January 1, 2024	\$300
February 1, 2024	\$300	March 1, 2024	\$300
April 1, 2024	\$300	May 1, 2024	\$250????