

TRIP _____
DATE _____



Youth Application

Personal Information

Name _____ Birthdate _____ Age _____
Gender _____
Address _____
City, _____ State, _____
Zip _____
Phone _____ Email _____
T-shirt size, please circle (adult: S M L XL XXL XXXL)
Please indicate your 1st 2nd & 3rd choice of areas of service (circle _____ Construction _____ Kids Camp _____ Sewing Instruction
_____ Kitchen _____ Painting _____ Landscaping/Yard Work

Medical Information

Date of last Tetanus Shot (must be within last 10 years) _____

Check the appropriate blank if any of the follow apply to you.*

_____ Allergies _____ Bee/Wasp Reaction _____ Dizziness or Fainting _____ Hay Fever _____ Penicillin Allergy _____ High Blood Pressure _____ Epilepsy
_____ Physical Disability _____ Respiratory Problems _____ Asthma _____ Diabetes _____ Heart Trouble _____ Operation within last year _____ Pregnant
_____ Regular Medication _____ Other

Be sure to bring ample supply of your regular medication with you.

*Describe below, as needed, any conditions that apply:

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Information

Applications will not be processed without insurance information.

Your Insurance Company _____ Policy
Number _____

Student/Youth Guardian Release

As the parent/legal guardian of the above-named minor, I give my permission for him/her to participate in the *Vision Appalachia* missions trip mentioned above. I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE FORM. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken. (Sign in the presence of a Notary Public)

Signature _____ Date _____

Relationship to Participant _____

NOTE: Notarization is *required*.

State of _____ County of _____

Sworn to and subscribed to me this _____ day of _____, 20 _____

Vision Appalachia
Rev. Jesse Boggs

412-780-7523

131 Gene Dr.
Pittsburgh, PA 15237

visionappalachia.org