

**Cross-Cultural Living/Learning Trip**  
**Registration Form**



Please attach a color copy of your passport to this application  
before turning it in to your Team Leader.

This form must be completed and returned to your Team Lead by \_\_\_\_\_.  
(application due date)

**Personal Information**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Preference (please circle):      Phone      Text      Email

Trip Name \_\_\_\_\_ Trip Leader \_\_\_\_\_

**Missions History**

Previous mission trip experience:       None, this is my first trip.

City/Country Visited	Date	Length of Trip	Name of Organization/Church you traveled with

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**Health Information**

*You and your primary care physician are the best judge of whether you are able to handle the physical demands of travel. If you have questions about specifics of the trip that would help inform your decision, please contact your group leader.*

I am willing to provide a list of any pertinent medical (significant conditions and allergies) and current medication information to my group leader prior to leaving for this living/learning trip!:     Yes  No

Do you have any food allergies?                       Yes  No

If yes, please list:

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Do you have any health concerns that would need accommodations in order for you to participate fully on this trip?

Yes  No

If yes, what accommodations would be required:

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**For International Trips:**

**Youth Ages 16 & 17**

Who has agreed to be your child's mentor on this trip? \_\_\_\_\_

Please be sure that you have obtained a notarized medical release form for your child's mentor to be able to attend to your child in the case of an emergency where you are not able to be reached. You must also fill out Parental Permission Form A for this child's application to be complete.

**Youth/Children Ages 15 and Younger**

Name of Parent/Guardian or family member, 21 years of age or older, responsible for this individual on the trip:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation to Youth/Child

If your child is going on this trip with someone other than a parent or legal guardian, please be sure that you have obtained a notarized medical release form for your child's family member to be able to attend to your child in the case of an emergency where you are not able to be reached. You must also fill out Parental Permission Form B for this child's application to be complete.

\_\_\_\_\_

<sup>1</sup> Please note: The health information you provide to your group leader will be seen only by that group leader, unless a medical emergency would arise. The list you provide will be used to communicate with medical professionals in the event that an emergency would arise for you during the trip. This information will be shredded and disposed of following your return from this trip. If you have any questions about how this information will be protected, please see your group leader.