



2019 Mission Longview Application

Name: _____ Date of Birth: _____

Grade (2019-2020) or age group: 5th 6th 7th 8th High School College Adult

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell phone: _____

Church you are attending with: _____

T-shirt size: youth medium youth large adult small adult medium adult large
adult x-large adult 2x-large adult 3x-large

Medical Information: *Attach any special medical information on a separate sheet if more space is necessary.

Drug allergies, health problems, other allergies: _____

Name(s) of medications and when taken: _____

Medical Insurance Carrier: _____

Policy #: _____ Group #: _____ Phone #: _____

Parent/Guardian Emergency Contact Information:

1. Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Number: _____

2. Name: _____ Relationship: _____

Daytime Phone: _____ Alternate Number: _____

Release for Parent/Guardian of Worker Under 18:

As a parent or guardian of the above applicant, I hereby give my approval and consent to this application and therefore relieve and sponsoring church or Mission Longview volunteer from any and all liability for sickness, accidents, or injuries of any nature or cause whatsoever, while attending, traveling to or from Mission Longview projects. I further give authorization for the camp director or any approved camp personnel to administer such acts of first aid as seem necessary. Authorization is also given for approved staff members to transport campers to a doctor or emergency room of a hospital to secure the services of a licensed physician. I further promise to utilize family insurance for any major medical care requiring hospitalization. I also consent to the use of any videos, photographs, slides, or any other visual or audio reproduction in which my above named child may appear for promotion of Mission Longview.

Parent/guardian signature: _____ Date: _____

Release for Worker Over 18:

I hereby give my approval and consent to this application and therefore relieve and sponsoring church or Mission Longview volunteer from any and all liability for sickness, accidents, or injuries of any nature or cause whatsoever, while attending, traveling to or from Mission Longview projects. I further give authorization for the camp director or any approved camp personnel to administer such acts of first aid as seem necessary. Authorization is also given for approved staff members to transport campers to a doctor or emergency room of a hospital to secure the services of a licensed physician. I further promise to utilize family insurance for any major medical care requiring hospitalization. I also consent to the use of any videos, photographs, slides, or any other visual or audio reproduction in which my above named child may appear for promotion of Mission Longview.

Parent/guardian signature: _____ Date: _____

Register online at <https://vbapro.events/p/events/missionlongview2019> by July 28, 2019. Then, return your application with your payment to your church leader, or bring with you to the Mission Longview Kick-Off Monday evening, July 29th. For more information, see the Mission Longview Facebook page. Please make check out to Alpine Church of Christ.