

LSIM Team Registration Form

LightShine International Ministries P.O. Box 777 Mount Joy, PA 17552
www.lightshineministries.org lightshinealaska@comcast.net

Instructions: Answer all questions and print in black ink. We consider this information to be very important in helping make this missions trip a success. Please mail completed application to the address above and enclose a \$40.00 Registration Fee made payable to LightShine Ministries. This fee is non-refundable and non-transferable. It will be used for administrative expenses in planning your team.

1. Team Date _____ Your Email Address _____

2. Legal Name as it appears on your Drivers License (IMPORTANT for your airline ticket) _____
Preferred Nickname _____

3. Permanent Address _____
Street, Box #, or R.R. City State/Province Zip/Postal code

4. Telephone (home) _____ (work) _____ (cell) _____ (fax) _____
(Area code) Number (Area code) Number (Area code) Number (Area code) Number

5. Age: _____ Birthdate: _____ Gender: _____ Occupation: _____

6. How did you hear about LSIM? _____

7. Please list a character reference whom we may contact (pastor/leader) _____
Name Relationship

(Area code) Number Email Street, Box #, or R.R. City State/Province Zip/Postal code

8. Home Church I do not have a home church Complete name of church _____
Pastor's name _____

(Area code) Number Email Street, Box #, or R.R. City State/Province Zip/Postal code

9. Please describe your relationship with Jesus Christ _____

10. Please describe your personal goals in being part of this team (Why are you going?) _____

11. Have you had previous experience on the mission field or traveled in a foreign country? Yes No
If yes, please list countries and experience _____

12. What foreign language abilities do you have? _____

13. What talents or skills do you have that the Lord can use on your outreach? (e.g. carpenter, electrician, plumber, auto mechanic, pastor, teacher, music, drama, outdoor survival skills, etc.) _____

14. Please describe your health, including any physical or dietary limitations _____

15. Are you on regular medication or currently under a doctor's care? Yes No
If yes, please explain _____

16. List any allergies (food, medicine, environment, insect) _____

17. Date of last Tetanus Shot _____ Blood type _____

18. Check All That Apply: Diabetes Heart trouble Pregnant
 Asthma Epilepsy Bee/wasp reaction
 Physical disability High blood pressure Fainting

19. Do you understand that in order to participate on this work team you must be in good physical condition and able to work a 40 hour week in Alaska? Yes No Any Questions? _____

20. Are you able to walk several miles or to "rough it" on your outreach if it is required of you? Yes No
If no, please explain _____

21. List any medical, first aid, or CPR training _____

22. In case of an emergency, please notify _____

Name Relationship (Area code) Number

23. Primary Physician _____

Name Clinic (Area code) Number

24. I agree to abstain from alcohol, tobacco, and illegal drugs during this outreach. Yes I have concerns I'd like to discuss

25. Do you have a fear of flying? Yes No

26. Does it really bother you being away from your spouse and/or children? Yes No

27. Do you understand that we will be praying and studying the Bible daily on this trip? Yes I will participate but ask not to read or pray out loud. Comments: _____

28. I agree to participate in all the team's activities and I am committed to the unity of the team. Yes No

29. I understand and agree to meet all financial deadlines for raising support for this trip. Yes No

30. I give permission for LightShine Ministries to use photos of me for future promotional purposes. Yes No

Select your t-shirt size by checking one of the following: Small Medium Large XL XXL

VERIFICATION OF MEDICAL INSURANCE COVERAGE

LightShine International Ministries (LSIM) requires that all team leaders and team members have adequate medical insurance. *Some family health insurance policies cover short-term travel; some do not.*

You must verify with your insurance carrier that your current policy will cover you while on the mission for which you are applying.

Insurance Company _____

Phone _____

Company Address _____

Policy # _____

Group # _____

RELEASE OF LIABILITY AND RELEASE TO OBTAIN MEDICAL CARE

Matthew 18:15-20 and **I Corinthians 6:1-8** instructs us to live at peace and to resolve disputes in private or within the Christian church. I acknowledge my concern that the limited charitable resources of **LSIM** should not be dissipated on wasteful litigation. Therefore I expressly waive my right to file a lawsuit in any civil court or other secular setting against **LSIM** and other organizations and all individuals involved with this mission trip.

I hereby release all leaders and organizations involved with this mission trip from any and all legal liability. I hereby waive all my rights to any legal liability, on the part of **LSIM** or any other individuals or organizations involved, which liability may result from sickness, injury, or death that may occur on or relate to this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to, hazardous travel, poorly constructed roads, animal attacks, dangers resulting from military or political activities, sickness, disease, inadequate health care, kidnapping, arbitrary imprisonment, and all other unforeseen risks.

I specifically release **LSIM** and all concerned from any claim of negligence in their duties as leaders, or otherwise, on this mission trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by **LSIM** and other individuals and organizations involved.

I hereby further acknowledge my responsibility to provide my own insurance coverage of any and all types, including but not limited to, medical, hospitalization, life, disability, death, lost baggage, lost or stolen personal property, and any and all other insurance which I may need or desire.

I also hereby release **LSIM** and all leaders and organizations involved with this mission trip from responsibility to provide insurance coverage of any and all types.

I hereby further authorize the leadership of **LSIM** to make essential decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization, should such be necessary. However, **LSIM** shall in no way be responsible or liable for payment of any and all bills for such medical treatment. I assume the full responsibility for any and all medical bills incurred related to this outreach. My estate and my family shall further assume full and total cost for the return shipping of my body should I die by any cause on this trip.

I further agree wholeheartedly to abide by decisions made by leaders and all those in authority and by all guidelines, policies, and rules pertaining to this trip, including but not limited to **LSIM** team policies. I have read and am in full agreement with this release and waiver, and fully understand that I am: waiving any rights I may have to litigate and sue; accepting full responsibility for all insurance, all medical costs, and all risks related to this trip; authorizing **LSIM** to make medical decisions if necessary; and agreeing to read and abide by all guidelines, policies, rules, and leadership decisions pertaining to this outreach.

I certify that all the information I have given on this team registration form is accurate and true to the best of my knowledge.

By signing this form, I acknowledge that I understand and agree with everything stated on this form.

Date _____ Signature _____