

Surname: _____

Forename: _____

Age ___ Date of Birth _____ Sex _____

Street Address _____

Town _____

Phone _____

Church _____

Denomination _____

Pastor's Name _____

Are you a former team member? Yes/no

Team and Year _____

MEDICAL HISTORY

Health problems

Medicines (list what you take)

Allergies (Food or drugs)

(please bring doctor slip showing proof)

TEAM CHOICES

1. _____

2. _____

Registration fees must accompany this form.

Before filling in this registration form, you must read all the information on both the fact sheet and registration brochures and be willing to abide by all the terms and conditions.

Your legal guardian MUST complete the Parent/legal guardian release form next to this. Return this form with your registration fee. *

Bring a list of 20 prayer partners. We encourage you to get names and addresses of those from your home area and church that will be willing to pray for you each day you are participating in this program. God works through the prayers of His people.

I have read all the items on the fact sheet and registration form, and I am willing to participate in the ministry of Teen Missions and abide by all the terms and conditions.

Team Member signature

As the parent/Legal guardian of the above team member, I am willing to allow him/her to participate for all of the days and I understand all the terms and conditions.

Parent/guardian signature

Pastor signature



PERMISSION AND RELEASE FORM

This form must be completed and signed by team member and parent/guardian, and taken to the Lord's Boot Camp. If it is not completed, the teen will not be admitted to The Lord's Boot Camp.

I have read the Teen Missions Fact sheet thoroughly, and understand and do certify that Teen Missions International, Inc. and/or its director, Robert M. Bland, and/or the appointed Team Leaders or agents have our/my permission for our son/daughter/me.

Surname/Forename

To travel and participate on a Teen Missions Team. I do release Teen Missions International, Inc. and/or its director, Robert M. Bland, and/or the appointed Team Leaders and their agents as well as the mission organization from any liability for any accident, sickness or death that may be incurred by our son/daughter/me while serving with Teen Missions South Africa Inc.

Furthermore, any of the above mentioned have our/my permission to take our child/me to the doctor for medical treatment, emergency surgery, or hospitalization for all medical bills for our child/myself. Should it be necessary for our son/daughter/me to return home due to disciplinary action or for medical reasons, We/I will assume total transportation cost. **Specific limitations:** The purpose of Teen Missions Teams is for ministry of the gospel of Jesus Christ and His church, not sightseeing or shopping. Any member caught with drugs or involved in fornication or adultery will be sent home at his or her parent's expense, so as not to destroy the testimony of the team or mission with which we are working. Drinking alcohol, smoking, stealing, or open rebellion will not be tolerated.

Teen Missions is a highly disciplined organization with regulation in many areas, including conduct, dress and Christian testimony. Team members, leaders, volunteers and staff adhere strictly to Teen Missions policies and are subject to dismissal for disobedience. Team members, leaders, volunteers and staff serve at their own risk and Teen Missions is not liable in the event of sickness, accident, death, terrorist acts, or for transportation or any other expense beyond that of the normal team involvement. Nor will Teen Missions be responsible for lost, damaged, or stolen personal property.

X _____
Team Member/Leaders signature, if of legal age (18)

X _____
Parent or Legal Guardian's signature if member is under 18 years old