



# LIFECHANGER MISSIONS

Changing Lives One House at a Time



## Participant Form

All Participants must complete the below form, a notarized LCM Waiver and Release, and bring a photocopy of insurance card to registration.

Mission Location \_\_\_\_\_ Mission Dates \_\_\_\_\_ to \_\_\_\_\_

### LIFECHANGER MISSIONS PARTICIPANT GUIDELINES

As a LIFECHANGER MISSIONS MISSION Participant:

- I will seek to reflect Christ as I serve by participating in all aspects of the LIFECHANGER MISSIONS experience (worksites, ministry, worship, youth group reflections, etc.), and will observe the LIFECHANGER MISSIONS schedule.
- I will abide by guidelines established by the LIFECHANGER MISSIONS Leadership Team while at LIFECHANGER MISSIONS (dress code, accessible areas of lodging facility, lights out, etc.).
- For my safety and health, I understand no alcohol, tobacco, non-prescription drugs, fireworks, firearms, knives, or weapons of any kind are allowed at LIFECHANGER MISSIONS.
- Due to the serious nature of LIFECHANGER MISSIONS Mission work, I understand pranks and prank paraphernalia are not allowed. I agree to observe all safe worksite practices established by the LIFECHANGER MISSIONS Leadership Team.
- I realize that LIFECHANGER MISSIONS is a Kingdom approach to mission service. That being the case, participants from other churches will be partnering with me and my church for service. I will respect them, their privacy, and their possessions as we partner together for Kingdom service.
- I understand that I cannot leave the worksite or lodging facility without the permission of the Mission Coordinator and my group leader.
- I understand girls should not be in boys' rooms, and boys should not be in girls' rooms. I further understand that Public Displays of Affection (PDA) are not allowed between girlfriends and boyfriends while at LIFECHANGER MISSIONS.
- I am grateful that our lodging facility agreed to host us for the week of LIFECHANGER MISSIONS. I will make every effort to take care of the facility, keep it clean, and respect the facility and grounds during the week. I also understand that any damages to property are my personal responsibility.
- I will seek to glorify God through my hard work, my positive attitude, and my healthy relationships during the entire LIFECHANGER MISSIONS experience.
- I understand that my persistent failure to abide by the LIFECHANGER MISSIONS Participant Guidelines could result in an early trip home at my parent's/guardian's expense.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LIFE CHANGER MISSIONS

Changing Lives One House at a Time



First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Participant's Email: \_\_\_\_\_

T-Shirt Size  X-Small  Small  Medium  Large  X-Large  XX-Large

### Emergency Contact Info:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Church Information:

Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Crew Leader: \_\_\_\_\_

Crew Leader's Cell #: \_\_\_\_\_

### Background Check (if over 21):

My church pastor can affirm I have completed background check  Yes  No

Pastor's Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Info:

Generally, the participant's health is: (Check One)

Excellent  Good  Fair  Poor

If Fair or Poor, please explain the condition.

\_\_\_\_\_  
\_\_\_\_\_

List any medical difficulties which are currently being treated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# LIFE CHANGER MISSIONS

Changing Lives One House at a Time



Check any of the following that apply and explain:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Hay Fever     |
| <input type="checkbox"/> Sinusitis  | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Dizziness      | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Other:     |   |  |

List any medicines or substances to which you are allergic:

---



---



---

List any previous operations or serious illnesses:

---



---

List any medications you are currently taking:

---



---

List any special diet or special needs:

---



---

Childhood Diseases:

- |                                     |   |                                 |
|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Whooping Cough |                                 |

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_



# LIFE CHANGER MISSIONS

*Changing Lives One House at a Time*



**Medical Insurance Info:**

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_ Subscriber

Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Employment: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**\*Photocopy of Medical Insurance must be brought to registration**

**Registration Packet Contains:**

*Individual Participation Form*

*Notarized LCM Waiver*

*& Release Invoice*

*Invoices and Completed Registration Packets Due May 31, 2022*