

Participant Form

Includes Waiver and Release and LIFECHANGER MISSIONS Participant Guidelines

Group Leaders: Bring ONE notarized copy of this document to registration and keep a photocopy for yourself to have with you in case of emergency at the project site. Attach a photocopy of insurance card.

Mission Location: Sioux City, IA Mission Dates: June 13-19, 2021

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.

Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

Student Participant's Information:

FIRST _____ LAST _____ MI _____

DOB _____ Gender _____

Street Address: _____

City: _____ ST _____ ZIP _____

Participants Email: _____

Emergency Contact Info:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Church Information:

Church: _____

Address: _____
 _____ City: _____ ST: _____ ZIP: _____

Crew Leader: _____

Crew Leader's Cell # at project site: _____

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:

Check any of the following that apply and explain:

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

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:

Chickenpox Mumps Other: _____
 Measles Whooping Cough

Date of Tetanus Immunization: ___/___/___

Family Physician: _____ Phone: _____

Medical Insurance Info:

Insurance Co.: _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____

Employment: _____

Subscriber Occupation: _____ Work Phone: _____

Complete Balance due in full by June 1, 2021	
Crew Chief \$125.00	<i>Must be 21-years old by May 1, 2021</i>
Crew Encourager \$125.00	<i>Must be 21-years old by May 1, 2021</i>
Student \$250.00	<i>6th-12th grade</i>
<p>Payments can be made online at HeartlandChurchNetwork.org or by mail to:</p> <p style="text-align: center;">Heartland Church Network 2100 S 51st St. P.O. Box 6157 Omaha, NE 68106</p>	