



6. How regular has your attendance been at Willingdon this year?  
(Give a percent 0% being none and 100% attending everything)

- Weekend Services (Big Church) \_\_\_\_\_
- The Weekend Zone (Youth Center) \_\_\_\_\_
- Mid-week (Riptide) \_\_\_\_\_ (Name of Gab Group Leader: \_\_\_\_\_)
- Activities \_\_\_\_\_
- Willingdon Church is not my primary church. ( )

Please provide two adult references outside of Riptide that know you well who we can contact (Pastors, coaches, teachers, people you babysit for etc.)

Reference Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Reference Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Do you have any foreseeable conflicts that might hinder your involvement in Harrison this summer? (summer school, vacations, job, etc.) ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

I understand that if I am a part of this team I will be expected to attend **ALL** training sessions, (May 6, 20, 27; June 3, 10) help at **one Service Lab (7-UP Night on May 25)**, raise monies towards the trip (\$150) as well as contribute monies from my own resources (\$150). It is also expected that I respect & follow the direction and leadership of the pastor and leaders who are leading the Harrison team.

Check if you have read and agree to the above statement. Yes ( )

**This application is due by Sunday March 25, 2018 at 1:00pm**  
**Applications submitted on time will be considered first!**

**There will be applicant interviews and a parent meeting that at least one parent has to attend on Sunday April 22 from 1:00-3:00pm in the youth center.**

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parents- Please be sure to complete the attached permission/release form.

**Harrison 2018 Permission & Release Form**

Student Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Student Cell # \_\_\_\_\_ Current Grade : \_\_\_\_\_ Care Card: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Allergies/Medical Conditions/Medications we should know about:

\_\_\_\_\_  
Alternate Emergency Contact Name & Phone Number: \_\_\_\_\_

**We, the undersigned parent(s) or legal guardians for \_\_\_\_\_ student name \_\_\_\_\_**

**do hereby release, forever discharge and agree to hold harmless Willingdon Church and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in the 2018 Harrison Missions Trip August 4-12, 2018.**

*I/We, the parents or guardians of the child named above, authorize the ministry staff of Willingdon Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.*

*I/We, the parents or guardians of the child named above, undertake and agree to indemnify and hold blameless the ministry staff, Willingdon Church, its pastors, Board of Elders, and directors and volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Willingdon Church and the Harrison Missions Trip, as well as of any medical treatment authorized by the supervising individuals representing the church.*

We give authorization for the church to provide all necessary food, transportation, and lodging as applicable.

We give our permission for our child to participate in the Harrison Missions Trip and its related activities, including a trip to the waterslide park, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

Parent/Guardian Printed Name: \_\_\_\_\_

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

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