

Walk On Water Ministries, NFP

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WebPage: walkonwaterministries.net

FaceBook Group Pages: **WOW Ministries** &

South Dakota Mission Trip June 25-July 2 2011

Cante' Waste' nape cinsape !!

("With a good heart, I give you my hand!" ~~ in the Lakota language)

PLEASE FILL IN EVERY LINE AND SIGN AS NEEDED:

Participant's name: _____

(Please PRINT) (First, Middle I & Last)

Birth date: _____ Age: _____ Sex: _____ Church _____

(Must be going into 9th grade or older to participate, please!)

Participant's Email: _____ Cell # _____

Parent/Guardian's Email(s): _____

Home address: _____

City, State & Zip _____

Home Phone: _____

Parent's Cell phone: _____ Parent's Home or Work #: _____

I, _____, grant permission for my child,

(PRINTED Parent or guardian's name _____)

(PRINTED Participant's name)

to participate in the Walk On Water Ministries Mission Trip to Standing Rock Indian Reservation June 25 – July 2, 2001 in South Dakota. Housing will be at **St. Bernard's Church** : 410 First Ave. in McLaughlin, SD. 57642 Email & phone for emergencies: stbern@westriv.com; Phone: (605) 823-4401. I

understand that these activities will take place under the guidance & direction of Bob & Lori Ward, Co-founders of Walk On Water Ministries, and other adult

volunteers.

I understand the risks such activities present to my child, including, but not limited to serious personal injury or death. Any questions I have concerning these activities have been asked & answered. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the named minor ("participant"). In consideration for my child being allowed to participate in this activity, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS Walk On Water Ministries, NFP; St. Bernard's Church and the volunteers assisting WOW Ministries and Bob & Lori Ward from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Signature of Participant (if 18)

Date

Authorization for Emergency Medical Treatment

This information will be kept in the possession of Walk On Water Ministries' home office and a copy distributed to the person in charge of the medical forms on the Mission Trip. Should the need arise, this information will be given to the proper medical authorities.

I, _____ understand that in the case of illness of my
(Print Name of Parent/Guardian)

child, _____ (Print Name of Participant), WOW Ministries' personnel and/or volunteers will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when my listed emergency contact or I cannot be notified, I grant full power to the supervising employee to do as follows:

Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

**** This page must be signed in front of a Notary Public!**

Signature of Parent/Guardian/or Adult Participant

Date

STATE OF _____)

) ss.

COUNTY OF _____)

SIGNED AND SEALED before me this

_____ day of _____, 20____

NOTARY PUBLIC SIGNATURE

COST OF THE TRIP: \$395.00

(Cost for adults is \$250.00)

PAYMENT SCHEDULE: (THIS FORM IS DUE ASAP)

May 15	\$100
May 30	\$100
June 1	\$100
June 15	\$ 95
Total:	\$395.00

T-shirt size: AS AM AL AXL AXXL AXXXL

Everyone will be part of a certain crew headed up by at least 1 adult or 1-2 experienced young adults . The crews listed below are a ‘best guess’. We do not know for sure what work needs to be done until we arrive there.

Please select your three ‘crew’ choices in order of preference. **
(# 1 Being your first preference, #2 your 2nd, #3 your 3rd):

- Kitchen/Decorating Crew
- Painting Crew
- Bible School Crew
- Mowing/Yard Work Crew and/or Building/Repair Crew
- ANY Crew ***

** We will try our best to get you on the crew of your first choice, but please be aware that might not be possible for everyone. Especially if we don’t have everyone’s form in by June 1st. If you have questions about what each crew does, please call Lori Ward @ (309) 507-0780 for an explanation.

*** Skits & Music to be performed @ nights are NOT a “Crew”. If you wish to help with these, they must be prepared & practiced before the Mission Trip. Additional practices can be done during ‘free time’ only so as not to take away from our purpose of helping those in SD.

We will be mixing participants from different towns, churches, etc. in order to let everyone

get a chance to meet someone new. If there is a specific problem and you HAVE to be with your best friend for a **legitimate** reason, please include this on your application and **have your parent call Lori Ward @ (309) 507-0780. (This is important!)**

Publicity Form

On occasion, WOW Ministries and/or Bob & Lori Ward takes photographs or makes an audio or video tape recording of the participants involved in Mission Trip activities. Such photographs or video recordings may be used by staff and participants to remember the activities and/or participants. In addition, such photographs and audio/visual recordings may be used in Walk On Water Ministries’ web page, publications or advertising materials to let others know about our Mission Trips. In addition, local news organizations may hear of our activities or events, and WOW Ministries may invite or allow them to photograph or record our events to be used, distributed or displayed as agents of WOW Ministries see fit. This consent includes but is not limited to: photographs, videotape, webpage and audio recordings.

Signature of Parent/Guardian

Date

Signature of Participant

Date

MEDICAL INFORMATION

PRINT Student/Minor's Name: (or yourself, if 18 or older): **Participant's Name:**

First M.I. Last Birth date

Address: _____

Emergency Contacts: _____

Parent(s) or Guardian Name (first, middle initial, last):

Phone (including area code): Cell phone (if available):

Other Contact Name (first, M.I., last): _____

Relationship (friend, relative, neighbor, etc.) _____

Phone (including area code): Cell phone (if available):

Participant's Regular Physician: _____

PRINT Name (first, M.I., last):

Physician's Phone (including area code):

Medical Conditions:

Please list & explain any medical conditions of the above participant; (asthma, diabetes, epilepsy, depression, migraines, etc.):

Please list any food allergies or allergic reactions to medications of participant:

Please list any medications the above participant is now taking & dosage:

Over the counter medicines they may take as needed on their own:

***** If Participant is a minor, do you give permission for them to be in charge of their own medicine, or request an adult leader handle that for your child? (We will distribute meds at appropriate times and dosages if you prefer an adult leader to be in charge of their meds). He/she is allowed to be responsible for medications. *SIGNED:***

I prefer an adult leader to be responsible for medications. *SIGNED:*

Date of participant's most recent tetanus shot: ** This must be up to date! **

Other pertinent medical information:

Does the participant require a special diet? If so, what? (Be specific, please):

Do you give permission for OTC drugs such as Tylenol, Advil, Cold, Flu, or Stomach Ache medicines to be administered to your child as needed? _____

Medical Insurance Information: **

Company: _____

Identification number of plan: _____

Identification number of covered employee: _____

Phone number of insurance company: _____

***Copy of insurance card can be included here instead of filling out this portion.*