



FOR OFFICE USE ONLY

Date: _____ PR# _____

Reg# _____ Amount: _____

Payment ID: _____

2012 SERVE REGISTRATION

Please send this registration form to:
 Youth Unlimited Missions • Box 7259 • Grand Rapids, MI 49510
****PLEASE FILL OUT BOTH SIDES, TYPE OR PRINT CLEARLY, USE INK PEN ONLY.****

REGISTRATION OPTIONS - CHECK ONE BOX ONLY

- I would like to register in full. ☺ please fill out complete form and send full payment amount.
- I am pre-registered with a church group and would like to complete the registration process. ☺ My Pre-Registration # is: _____ and my balance due is (site rate listed minus your pre-registration deposit) \$ _____ USD.

SITE CHOICES

☺ Send the correct payment amount for your FIRST CHOICE SITE. If your first choice is full and you do not include a second choice, your money and form will be returned. Sites are filled on a first come first serve basis according to when it is received in the Youth Unlimited office. If there are multiple dates for a particular site location, please include which dates you wish to participate.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

TRANSPORTATION

I am arriving by: car mini-van 12 passenger van 15 passenger van flying

PERSONAL INFORMATION

Name: _____ Permanent Address: _____
 City: _____ State/Prov: _____ Postal Code: _____
 Phone: (_____) _____ E-mail: _____ I would like to receive e-mail updates from YU.
 Sex: M F | Birthdate (mm/dd/yy): ____/____/____ Age: _____ I am a: Youth Adult (21 & older)
 Parent/Guardian(s) with whom you reside: _____ Relationship: _____
 Church Name: _____ Church Address: _____
 City: _____ State/Prov: _____ Postal Code: _____
 Pastor's Name: _____ Pastor's Phone: (_____) _____
 Grade completed by 7/01/12: _____ **Adult t-shirt size:** S M L XL XXL

MEDICAL INFORMATION

Date of last Tetanus shot (required): _____
 Please list any medical conditions, including food or drug allergies: _____
 List any medication you take regularly, what you take them for and side effects: _____
 Do you have any disabilities or medical/physical conditions that will require accommodation? Y N If yes, please explain: _____

EMERGENCY CONTACT

Name: _____ City: _____ State/Prov: _____
 Day Phone # (_____) _____ Evening Phone # (_____) _____ Cell Phone # (_____) _____
 E-mail: _____ Relationship: _____

INSURANCE

Do you presently have health insurance? Y N
 Primary/Secondary Insurance Co: _____ Subscribers Name: _____
 City: _____ State/Prov: _____ Postal Code: _____
 Phone # (_____) _____ Policy # _____ Group # _____
 Provincial Health Insurance # (Canadian Only) _____
 Does your insurance company require pre-authorization for medical treatment? Y N

PROFILE: CHURCH VOLUNTEER ACTIVITIES AND SPECIAL SKILLS/ABILITIES (CHECK ALL THAT APPLY):

- | | | |
|---|---|---|
| <input type="checkbox"/> Taught Sunday School/VBS | <input type="checkbox"/> Foreign language | <input type="checkbox"/> CPR/First Aid |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Community outreach | <input type="checkbox"/> General construction |
| <input type="checkbox"/> Vocals | <input type="checkbox"/> Evangelism training | <input type="checkbox"/> Painting (interior/exterior) |
| <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Serve experience | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Other mission experience | <input type="checkbox"/> Other: _____ |

LIABILITY AND PAYMENT INFORMATION

PLEASE FILL OUT ALL REQUIRED FIELDS BELOW

ALL PARTICIPANTS 18 YEARS OR OLDER

☛ If you answer yes to any of these questions, please explain on a separate piece of paper.

Have you ever been convicted of, or pled guilty or no contest to a crime? Y N

Have you ever been convicted of any type of child abuse, sexual harassment, etc? Y N

If you have a driver's license, have you received any moving violations or points in the past five years? Y N

LIABILITY WAIVER / AUTHORIZATION / RELEASE / COVENANT

I hereby release YU and its present and former trustees, officers, directors, shareholders, employees, agents and their heirs, administrator, executors, successors and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my/my child's participation in this trip.

I recognize that the conditions in some of the places to which I/my child will travel are not of the same standard as the conditions to which I/they are accustomed. I realize further that there are certain health risks as well as other risks I/my child will be exposed to while participating on this project. I fully acknowledge those risks. If for any reason I/my child am/is unable to complete my/his/her stay at the project, I assume full responsibility for the expenses incurred for my/his/her return home.

I am also aware that any lack of respect for authority, including the use of abusive language, violations of site smoking policies, and failure to comply with behavioral expectations may result in my/his/her being sent home at my expense. I understand that any use or possession of alcohol, firearms, weapons, or drugs (not prescribed by a physician) will automatically result in my/his/her being sent home at my expense.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination, medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my emergency contact/I will be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act of omission, including claims for negligence regarding injury or property damage, arising out of mine and/or my child's participation in the trip.

I understand that this release applies to, covers and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, provincial or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

ALL STUDENT PARTICIPANTS AND PARENT/GUARDIAN

I agree to cheerfully participate in all assignments and activities and to abide by the decisions and schedules set by the YU host team and adult sponsors. I acknowledge that I am representing Jesus Christ, my church youth group and YU while on this mission trip and will conduct myself appropriately at all times. I do hereby certify that I promise to abide by the rules and regulations set forth therein.

Signature of Participant _____ Date _____

I certify that all information in this two-page application is correct and that I have read, understood, and agreed to all the provisions of the Liability Waiver/ Authorization/Release as stated. I also give my permission for my son/daughter to be photographed or videotaped for use in YU promotional materials including, but not limited to, printed brochures and web site photos/promotions. My son/daughter's image will not be used for any other purpose than the promotion of YU.

Parent/Guardian Signature _____ Date _____

ADULT PARTICIPANTS

I agree to cheerfully participate in all assignments and activities and to abide by the decisions and schedules set by the YU host team. I do hereby certify that I promise to abide by the rules and regulations set forth therein. I also give permission for myself to be photographed or videotaped for use in YU promotional materials, including, but not limited to brochures and website photos/promotions. My image will not be used for any other purpose than the promotion of YU. I also certify that all information in this two-page application is correct and that I have read, understood and agreed to all of the provisions of the Liability Waiver/ Authorization/Release as stated.

I approve a police check to be done by YU.

Signature of Participant _____ Date _____

I certify that this adult is capable of leading a small group of youth and will represent our church as a superior Christian role model for the youth on the mission trip. I also certify that this adult, to my knowledge, has strong moral character and has no criminal record related to violence or abuse of any kind.

Signature of Pastor _____ Date _____

PAYMENT INFORMATION

If you are registering in full: Full payment must accompany this registration form, if not, your registration is considered incomplete and will not be processed. Please submit correct amount, any overage will be considered a donation.

Pre-registration deposits are not refundable or transferable to outstanding payment due. Please make checks and money orders payable to Youth Unlimited.

After April 1, 2012, ALL registration fees increase by \$50 USD.

I have applied for a Youth Unlimited scholarship.

I have a discount code. Please write it here: _____

Credit Card #: - - - Exp. Date (MM/DD/YY): ____/____/____ Authorized to charge: \$ _____ USD

Signature: _____ Printed name as shown on card: _____

CANCELLATION POLICY

For US and Canadian experiences, YU will refund monies in excess of \$150 USD if written cancellation request is received by YU prior to April 1, 2012. No refunds will be made after April 1, 2012. For all other international experiences, the cancellation policy varies based on whether the fees were paid by the individual or by financial supporters. Contact us for more information. If you request a change of site location or switch participants within 30 days of the start date of your Serve experience, an additional \$50 will be charged to cover administrative costs