KINGDOM BUILDERS Application, Medical & Release Form 2027

Westminster Presbyterian Church

Date Received: _____
☐ Deposit Received: _____

KINGDOM BUILDERS: 11 AM Wednesday, July 7 through 11 AM Saturday, July 10

- *Please fully answer ALL questions. Use Blue or Black Ink.*
- *Non-Refundable Deposit is required with your application.*
- *Deadline: May 23 / Early Bird April 25*

PARTICIPANT INFORMATION

Full LEGAL Name:

First: _____ Middle: _____ Last: _____

Gender: ☐M ☐F Date of Birth: _____

Completed Grade in June 2027: _____

T-Shirt Size: ☐S ☐M ☐L ☐XL

Complete Address: _____

Student Phone:_____ Can Receive Texts ☐Yes ☐No

Parent Phone: _____ Can Receive Texts ☐Yes ☐No

Student Email: _____

Parent Email: _____

Trips are open to Westminster members. Regular attenders of Westminster and members of other PCA churches are welcome to apply. Priority is given to WPC members, provided application is received by the deadline.

I have been received as a Member of Westminster Church: ☐Yes ☐No

If not a member of Westminster, list place of Membership: _____

- With your application, please include a letter of recommendation from your pastor.
- List one personal reference, preferably someone that you have served with in Christian ministry:

  Name and Contact Info: _____

SKILLS ASSESSMENT

What is your education and work background? What special training, skills or gifts can you offer?

Participant Name: _____

Application Questions

Fully answer the following questions below or on a separate sheet of paper (one-sentence answers are not sufficient.)

1. Please write your Christian testimony.

2. Why have you selected this short-term project? Describe what you hope to see the Lord do in and through you on this project.

3. How are you currently involved in God's Great Commission? (Ex. ministry involvement, local outreach, support of a missionary, etc.) Which missionary(ies) do you routinely pray for?

4. Mission trips and travel require physical activity. Do you have any health conditions or concerns that could affect your participation—either before or during the trip?

Your application tells us that you are committed. You have prayed about this trip, have support from your family and checked your calendar.

Kingdom Builders Application DEADLINES & DEPOSIT

$75 – received by the early bird deadline APRIL 25

$100 –received by the final deadline MAY 23

There are team size limits. Kingdom Builders may reach capacity prior to deadlines. Priority is given to applications in the order they are received. A deposit alone does not hold your spot. Both an application (with completed medical/release form) and deposit must be received.

Submit application to Lydia Fiol (fiol@westpca.com). Non-refundable deposit (unless trip is canceled) for each application is required. Submit deposit with your application or pay online at westpca.com/stm.

Participant Name: _____

Medical & Release Form

EMERGENCY CONTACT INFORMATION

Emergency Contact (first person contacted in case of an emergency; someone NOT on the trip with you):

Name: _____ Contact Number: _____

(18 & Under) Parents' Names _____

Mom's Cell or Work # _____ Dad's Cell or Work # _____

HEALTH INFORMATION

Personal health insurance is required for trip participation.

1. Family Doctor_____ Phone_____

   Insurance Company_____ Phone _____

   Policy # _____ Group # _____

2. Specific Date (MM/DD/YYYY) of last Tetanus Booster: _____/_____/_____

Questions #3–11, please explain or check "None" where appropriate.

3. List All Medications (include time of day taken, dosage, special instructions; use extra sheet if needed):
   ☐ None

4. List over-the-counter medications that the participant is **NOT** to have:
   ☐ None

5. Drug Allergies:
   ☐ None

6. Food / Environmental Allergies:
   ☐ None

7. Dietary Restrictions / Physical Limitations:
   ☐ None

8. Mission trips require physical activity, which may include extended periods of walking, standing, sitting, sleeping on the floor, physical labor, and/or activity in heat. Describe any health conditions or concerns that could affect your participation—either before or during the trip.
   ☐ None

Participant Name: _____

9. **Please check any conditions** below for which you have been treated/seen by a physician in the past 5 years.

☐ None

	Heart Trouble		Gall Bladder Disease		Cancer / Tumor
	Heart Murmur		Internal Bleeding		Sciatica
	Abnormal Pulse		Prostate Trouble		Deformity / Amputation
	Rheumatic Fever		Sugar/Albumin, Blood or Pus in Urine		Skin Disorder
	Chest Pain		Autism Spectrum Disorder		Hernia
	Stroke		Cognitive Condition		Eye Condition
	High Blood Pressure		Psychiatric/Emotional/Nervous Problem		Ear Condition
	Diabetes		Frequent Headaches		Disease of Nose/Throat
	Circulatory Disorder		Epilepsy / Convulsion		Tuberculosis/Lung Disorder
	Blood Disorder/Disease		Other Nervous System Disorder		Asthma
	Hepatitis		Dizziness / Loss of Consciousness		Pregnant (currently)
	Anemia		Digestive/Intestinal Disorder		Surgery in Last 2 Years
	Cirrhosis / Liver trouble		Ulcer		**Other**
	Thyroid/other Gland Problem		Gout		
	Kidney/Bladder Stone or		Arthritis		

**** If you have an allergy that requires an epi-pen, bee sting kit, or medication, please bring it to the project.***

10. **Please explain any conditions listed above** that have been diagnosed or treated in the past five years (include date of last treatment or office visit for each item checked):

11. Is there anything else you would like us to know, medically or otherwise, to make this a successful trip for both you and your team?

☐ None

KINGDOM BUILDERS REQUIREMENTS

Each applicant (parents/guardians will ensure if applicant is under the age of 18) agrees to:

- Submit to a personal interview by the Great Commission Committee of Westminster Church, if requested.
- Complete background check (if 18 years or older), as required by Pennsylvania State law.
- Have personal health insurance coverage during the dates of the trip.
- Participate with the team for the full duration of the trip. Deviation requests must be submitted at time of application and be approved by the team leadership prior to acceptance on the team.
- Enlist at least five prayer partners who will uphold me to the Lord before, during, and after the project.
- Submit to the team leadership and follow their instructions while preparing and serving on the team. If my behavior is deemed unacceptable by the team leader, I may be sent home at my (or my parents') own expense.
- If I withdraw or am disqualified from a team, all funds collected on my behalf will go towards the expenses of the team. Also, I (or my parents) will pay for expenses already incurred on my behalf if I withdraw or am disqualified.

_____/_____/_____ **I, the participant (AND both parents/guardians if the participant is under eighteen (18) years of age on the date hereinafter indicated), have read the above Kingdom Builders Requirements and am willing to abide by them. I have prayed about my involvement on a short-term mission trip and am committed to serving God, my team members, and those to whom my team will minister.**

Participant Name: _____

RELEASE OF LIABILITY & MEDICAL CONSENT

The participant, OR <u>both parents/guardians</u> if participant is under eighteen (18) years of age on the date hereinafter indicated, does hereby acknowledge by initialing and signing below:

_____/_____ I/We are fully aware of the risks and hazards connected with the activity identified above and are aware that the activity includes the risk of injury and even death, and I/we hereby voluntarily choose to allow the participant to participate in the activity, knowing that the activity may be hazardous to me/him/her. I/We understand that Westminster Presbyterian Church does not require participant to take part in the activity.

_____/_____ I/We release and hold harmless the Presbyterian Church in America, Westminster Presbyterian Church, its directors, officers, employees, agents, missions team leaders and volunteers from any and all liability and/or claims arising out of or related to any personal injury, death, or illness that the participant named above may sustain in connection with the activity identified above, including during transportation to, from or during said activity, regardless of whether such injury, death, or illness is caused by the negligence of Westminster Presbyterian Church or any of the other persons released by this Agreement.

_____/_____ I/We likewise release and hold harmless all of the above entities and persons in relation to any loss of or damage to the personal property of participant, in connection with the activity identified above.

_____/_____ I/We give permission for participant to be given, if appropriate, over-the-counter medications, such as Tylenol and Advil, provided I/we have not specifically prohibited that, elsewhere herein.

_____/_____ While I/we understand that every effort will be made in a medical emergency to contact the emergency contact at the phone number listed herein, I/we also acknowledge that in an emergency, time can be of the essence, and treatment may be necessary even if the emergency contact cannot be reached quickly. I/We therefore hereby consent to the release of any and all portions of this application to team leaders and medical professionals, including personal medical and health information, and to the participant's receiving any medical treatment that may be deemed necessary in the event of injury, accident, or illness during the activity. I/We further authorize the participant to be transferred and admitted to whatever hospital or medical facility is deemed necessary for diagnosis and treatment, and that such treatment may include, but not be limited to, injections, anesthesia, or surgery if deemed necessary by relevant medical professionals.

_____/_____ I/We assume the responsibility for the payment of any such transfer and treatment. I/We represent and warrant that I/we maintain health insurance on behalf of the participant. I/We release and hold harmless the Presbyterian Church in America, Westminster Presbyterian Church, its directors, officers, employees, agents, missions team leaders and volunteers from any and all liability and/or claims arising out of or related to any such medical treatment.

_____/_____ I/We consent to appropriate photographs and/or video recordings being taken of the participant while participating in the above activity. These photos and/or video recordings may be published in Westminster Presbyterian Church's materials, including but not limited to bulletin boards, flyers, mailers, web site, social media and the like. I/We give permission to Westminster Presbyterian Church to use such photos or recordings as indicated herein and release and hold harmless the Presbyterian Church in America, Westminster Presbyterian Church, its directors, officers, employees, agents, missions team leaders and volunteers for any action taken as stated herein, from any and all claims, losses, or injuries which could or may result from such publications, including from any acts of negligence or carelessness related thereto.

The participant, AND <u>both parents/guardians</u> if under eighteen (18) years of age on the date hereinafter indicated, do hereby acknowledge that, to the best of my knowledge, the information I have provided on this Application, Release and Medical Form, and Kingdom Builders Requirements is true and complete.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The following is applicable only where participant has only one legal guardian:

I hereby certify that I am the participant's **sole legal guardian**, and that no one else has the right to make legal or medical decisions for participant.

Sole Legal Guardian Signature _____ Date _____