



**FORM MUST BE COMPLETED & SUBMITTED WHEN YOU REGISTER IN ORDER TO PARTICIPATE AND/OR TRAVEL WITH THE IYES FOUNDATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  M  F

MM/DD/YYYY

Complete Home Address

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_



Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of person insurance in under \_\_\_\_\_

**HEALTH HISTORY**

Do you have any physical limitations that would hinder your ability to participate in vigorous activities? If so, please explain.

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Do you have any medical problems? If so, please explain.

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Are you allergic to any medications or food? If so, please list your allergies and explain the symptoms.

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Describe your present physical fitness (e.g for walking, manual labor, heavy lifting and/or carrying luggage).

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Do you currently take any medication on a regular basis? If so, please list.

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**CONSENT FOR EMERGENCY TREATMENT, MEDIA, AND BEHAVIOR AGREEMENT**

(Signature Required from participant, or Parent/Guardian if Under 18)

Note: If you should require medical attention while on an activity with the above group for injuries received or illness contracted prior to coming, please provide trip coordinators with information necessary to give proper medical service during the trip\*. In case of emergency, I hereby give permission to hospitalize secure proper treatment for and order injection, anesthesia, or surgery for myself/child(ward) as named above. I also hereby give permission for my child to participate in all activities, travel, service projects and other activities. I, therefore, agree to assume any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above names sponsor, and the sponsoring group from any and all inabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child (ward). I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment. If any changes occur, I will contact the director.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_



**iYES may:**

- Photograph me and record my appearance and voice for the purpose of the production mention above, whether by film, videotape, magnetic tape, digitally, or otherwise
- Make copies of the photographs and recordings made
- Distribute photographs and recordings made.
- Use my name and likeness for the purpose of ministry, education, promotion or advertising of the sale or sharing with other groups/organizations the photographs, recordings, and any copies so made

**PARENT/GUARDIAN AGREEMENT**

(If Participant Is Under the Age of 18)

I the parent of \_\_\_\_\_, understand the importance of my child's behavior and commitment on the mission trip with iYES Foundation. I agree to pay any additional expense of having my child sent home on a commercial passenger carrier. I am also aware that I will be informed before any such action takes place.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

