



GROUP TRIPS

ENROLLMENT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's name: _____

Home Telephone: _____ Parent's Cell: _____

Student's Cell: _____ Student E-mail: _____

Parent E-mail Address: _____

_____ I am enclosing a non-refundable deposit for this trip.

_____ I have already turned in my deposit.

_____ I am aware of the scheduled payment plan.

Please initial the following to indicate that you have read the statements and agree.

_____ Please make all checks payable to Faith Bible Chapel International.
Faith Bible Chapel International assumes no responsibility for injuries, damages, losses, accidents, delays or schedule changes resulting from circumstances beyond FBCCI's control during any part of this trip.

_____ I agree while traveling with FLIPSIDE to honor all rules and regulations regarding behavior and disciplinary procedures. I agree if discipline is needed I, the traveler, am responsible for all costs and fees, due to an early return.

_____ I understand that if I raise money for this trip and then have to back out of my commitment for whatever reason, I will not be refunded for the money deposited.

Signature of Traveler Date

Signature of Parent /Guardian Date



**GROUP TRIPS
APPLICATION FORM**

Name: _____

Social Security Number: _____ Birthday (mm/dd/yyyy): _____

Student Cell Phone: _____

E-mail: _____

1. Why would you like to join FLIPSIDE on this trip?

2. What do you feel you can contribute to the FLIPSIDE team and to the people we will interact with on this trip?

3. Briefly share your testimony with us. (How you came to Christ)

4. Briefly describe your personal practice of prayer and Bible study.

5. Have you been on a mission trip before? If so please list where and briefly expand.

Have you been out of the country on a mission trip? Yes_____ No_____

6. Will you agree to be an active participant in our fundraisers for this trip?

Yes_____ No_____



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EMERGENCY CONTACT FORM

Personal Information:

Name: _____ Birthday: _____

Social Security Number: _____ Sex: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Student Cell Phone: _____

E-mail: _____

Name as it will appear on your Passport: _____

(It is important that you state your Full Legal Name correctly as it is/ or will be on your passport to be allowed through customs in another country.)

Family Member and/or Emergency Contact: _____

Relation to Traveler: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Additional Emergency Contact: _____

Relation to Traveler: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____



GROUP TRIPS

HEALTH/ MEDICAL RECORD FORM

Health History: (Check those that apply and give approximate dates.)

Diseases:		Date
Frequent ear infections:	_____	_____
Mononucleosis:	_____	_____
Heart defect/ disease:	_____	_____
Convulsions:	_____	_____
Bleeding/ clotting disorders:	_____	_____
Hypertension:	_____	_____
Chicken Pox:	_____	_____
Measles:	_____	_____
German Measles:	_____	_____
Mumps:	_____	_____
Other:	_____	_____

Explain:

Allergies: _____ **Severity level and medication or response needed**

Outdoor allergens:	_____
Seasonal allergens:	_____
Insect Stings:	_____
Penicillin:	_____
Other Medications:	_____
Asthma:	_____
Peanuts:	_____
Other Food:	_____
Other:	_____

Explain:



HEALTH/ MEDICAL RECORD FORM CONTINUED

1.) Operations or serious injuries: (please include dates).

2.) Disability, chronic or reoccurring illnesses:

3.) List any specific activities that should be discouraged or limited by advisement of a physician (If so, please provide a doctor's note.)

4.) Do you have any health-related condition the leaders of this trip should be aware of?

5.) Do you have any dietary needs or modifications in your diet or severe food allergies?

6.) Are you currently taking any medications? Yes _____ No _____

(Please send these on the trip with instructions.)

Medication	Dose	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7.) Date of last physical Exam: _____

8.) Shots up to date: Yes _____ No _____



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INSURANCE INFORMATION FORM

Do you have family medical/ hospital insurance? Yes_____ No_____

If so, Please indicate:

Name of Policy Holder: _____

Carrier: _____

Policy Group #: _____

Telephone Number:

Name and telephone number of your Family Physician:

Telephone: _____

Name and telephone number of your Dentist/ Orthodontist:

Telephone: _____

Please include a copy of your insurance card front and back and a copy of a photo identification.

*** Please make sure that if your student will be taking medications while on the trip that the medication is turned into Kurt Vetterling with specific instructions on how it is administered.

*** If the traveler is allergic to anything we MUST be made aware prior to the trip. (It is your responsibility to provide any needed medication including; Epi-pens etc. if the condition is severe.)



GROUP TRIPS

CONTRACT

I understand that the following elements are crucial to the effectiveness, quality, and safety of our mission trip. As a member of the group, I agree to:

- 1.) Remember that I am a guest working at the invitation of the local ministry, local pastor or missionary.
- 2.) Remember that I have come to serve. I may run across procedures that I think are inefficient or attitudes that I find closed-minded. I will resist the temptation to inform our hosts about how I would do things. I will be open to learning other people's methods and ideas.
- 3.) Respect the host's views of Christianity. I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is the witness and experience faith lived out in a new setting.
- 4.) Develop and maintain a servant's attitude toward all nationals and my teammates.
- 5.) Respect my team leader(s) and his or her decisions.
- 6.) Not leave my assigned area of ministry or separate myself from my assigned group without first obtaining permission from the team or group leader(s) assigned to me.
- 7.) Refrain from gossip. I may be surprised at how much each person will blossom when freed from the concern that others may be passing judgment.
- 8.) Refrain from complaining. I know that travel can present numerous unexpected and undesired circumstances, but the rewards of conquering such circumstances are innumerable. I will try to be creative and supportive.
- 9.) Respect the work that is going on with the particular church(s), person(s) or organization(s) with whom we are working. I realize that our team is here for just a short while, but that the local ministry we are working with is here permanently. I will respect their knowledge, insights, and instructions.
- 10.) Refrain from negative political comments or hostile discussions concerning our host country's politics.
- 11.) Remember not to be exclusive in my relationships. If my boyfriend/ girlfriend/ fiancée or spouse is on the trip, as a couple we will make every effort to interact with all members of the team, and not just one another.
- 12.) Refrain from any activity that could be construed as a romantic interest toward a national. I realize certain activities that seem innocent in my own culture may seem inappropriate in others.
- 13.) Abstain from the consumption of alcoholic beverages, the use of tobacco, the use of illegal drugs or any other un-Christ-like behavior while on the trip.

Signature of Applicant: _____ Date: _____