



*Mission Youth
Application Form*

PARTICIPANT CONTACT INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____

E-mail Address _____ @ _____

Group/School _____ Date of Birth ____ / ____ / ____

Citizenship _____ Nationality _____

Do you have medical insurance? yes no

Name of carrier _____ Expiration Date ____ / ____ / ____

Parent Emergency Contact _____ Phone _____

MEDICAL HISTORY

1. Do you have allergies to:

a. Food (if yes, please specify) _____

b. Pollens _____

c. Medications _____

d. Insect Bites _____

2. Do you suffer from, or have you ever experienced, or are currently being treated for any of the following:

a. Asthma

b. Epilepsy/Seizure Disorder

c. Heart Trouble

d. Diabetes

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- e. Frequently upset stomach
- f. Physical handicap

3. Please list names of medications and dosages that must be taken:

4. Please list dietary restrictions (including vegetarianism):

5. Please indicate any details regarding the nature and severity of any physical and/or psychological ailment, illnesses, disability, or condition of which your physician should be aware during evaluation. Please also list any major illnesses you have experienced during the last year.

PERSONAL

Indicate languages you understand, speak, write, and level (beginner, intermediate, advanced, fluent)

| Language | Understand | Speak | Write |
|----------|------------|-------|-------|
| | | | |
| | | | |

Do you play a musical instrument? yes no Instrument & level _____

Briefly list sports you enjoy, any hobbies, skills, or talent you have.

How did you find out about Holy Week Missions? _____

Please send this application form with your mission fee to the contact person of your city. Check your city detail information (check payable to, mission fee, contact information and more) on the Mission Youth web site