



Hollywood Mission Trip

Individual Registration Form

Applicant Info:

Name: _____

Birthday: _____ Age: _____

Gender: MALE / FEMALE

Cell Phone: _____

Address: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Relation to Applicant: _____

Parent/Guardian Info (If under 18):

Name of Parent/Legal Guardian: _____

Relationship to Student: _____

Address (if different from above): _____

Cell Phone #: _____ Work Phone #: _____

Additional Applicant Information:

Group Name: _____ Week of: _____

Have you been on a mission trip before? YES / NO

If yes, when & where? _____

What are you hoping to learn or accomplish on this mission trip?

How long have you been saved? _____

Have you ever lead someone to The Lord? YES / NO

Please continue on next page



Medical Statement, Consent to Treat, & Release of Liability:

Do you have a physical disability that may limit your participation or require special attention during the outreach? YES / NO

If yes, please explain: _____

Are you on any special medication? YES / NO

If yes, please explain: _____

Do you have any allergies that we should know about?

If yes, please explain: _____

Are you able to walk 2-3 miles/day? YES / NO

I/We hereby authorize medical treatment for the above minor/adult in the event of sudden illness, accident or injury, which may occur while the said minor/adult is under the supervision of the Oasis staff and/or its affiliates. As the parent or legal guardian, I have read and listed any conditions that should be noted of my child's/my health and/or allergic reactions. In addition, I/We do hereby release The Oasis of Hollywood and all ministries and all person involved from liability arising from injury, death, damage, or loss that may be sustained by said participant during any involvement with the Hollywood Mission Trip.

Signature of Applicant: _____ Date: _____

If under 18 years of age, this must also be signed by a parent/legal guardian below:

Signature of Parent/ Guardian: _____ Date: _____