



Mail check and completed registration form to:

MOSES INC

1380 Spaulding Ave SE Grand Rapids MI 49546

E-Mail: mosesjudy@gmail.com

mosesweb.org Ph: (616) 949-0344

(participant name)

SPRING BREAK Registration 2017

THIS REGISTRATION CANNOT BE PROCESSED UNLESS ALL APPLICABLE AREAS OF THIS FORM HAVE BEEN COMPLETED AND RETURNED WITH FULL PAYMENT (OR \$100 DEPOSIT) TO THE MOSES OFFICE.

ALL MONEY IS DUE NO LATER THAN TWO WEEKS PRIOR TO TRIP DEPARTURE.

Personal Information

Today's Date: _____ Previous MOSES Experience? **Y N**

Are you an approved MOSES Student or Adult Leader? **Y N**

All Leaders must complete Registrations **ONE MONTH** before their trip

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Phone(____) _____

E-Mail: _____

Date of Birth: ____/____/____ Sex: **M F** Age as of trip departure date: _____

High School: _____ Class of: ____ T-Shirt Size: **S M L XL XXL**

Parents' Names: _____

Church: _____

Do you need to purchase a MOSES Travel Bag?*** **Y N**

How did you learn about MOSES Inc? _____

(P = Participant/L= Leader)

| <u>Trip Dates</u> | <u>COST**</u> | <u>Earlybird Deadline</u> | <u>After Deadline</u> (if space is available) |
|--------------------|------------------|---------------------------|---|
| Mar 30-Apr 8, 2017 | P \$375/ L \$265 | 03/1/2017 | \$400/\$290 |

There is also a one-time fee of \$12.00 to purchase a MOSES Travel Bag. All items you wish to bring into the van must fit into that bag (pillow is an exception). If you already have a MOSES Travel Bag, you do **not need to purchase another**

| | | | |
|-----------------------------------|----------------------|--------------------------|-----------------------|
| For office use only | | | |
| Date Registration Received: _____ | Fees Received: _____ | ___ Cash | ___ Check ___ Voucher |
| Balance Due: _____ | | Date Paid In Full: _____ | |

MEDICAL INFORMATION

Do you have medical insurance? Y N

Date of last tetanus shot: _____/_____/_____

Carrier: _____

Policy Number: _____

Physician: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Parent's work phone: father (____) _____ mother: (____) _____

List **ALL** prescription medications: _____

NOTE: all prescription and over-the-counter medications are to be turned over to the Trip Coordinator at departure.

List any illnesses or allergies: _____

List any disabilities or special needs: _____

Please attach a letter of explanation along with any special care needs. Include a photocopy of the front and back of participant's health insurance card and bring the actual card on the trip.

I, _____ the Parent/Guardian/Participant (circle one), authorize MOSES and its adult leadership to dispense ibuprofen, acetaminophen, or aspirin in the event of an illness while participating on a MOSES service project.

Parent/Guardian/Participant Signature: _____ **Date:** ____/____/____

CONSENT TO TREAT

I, _____ the Parent / the Guardian / the Participant (circle one), authorize MOSES and its adult leadership to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care as deemed advisable under the supervision of any licensed physician, or the medical staff of a licensed hospital or med center in the event of accident or illness while participating on a MOSES service project. I will reimburse MOSES at the end of the trip for any treatment received.

Authorization is given in advance of any treatment or care being rendered and provides authority on the part of MOSES to give specific consent to any treatment or care.

I hereby authorize the hospital or physician which has provided treatment to surrender physical custody of the participant to the MOSES adult leader upon completion of treatment.

RELEASE OF LIABILITY

I, (participant) _____, plan to participate in the service project indicated and any related MOSES sponsored activities and recognize that participation in these activities may be hazardous.

In consideration of the privilege to participate extended to me by MOSES through its board of directors, I hereby, for myself, my heirs, executor, and/or administrator, forever release and discharge MOSES and its board of directors and service project leaders from any liability while participating individually or with others in said events.

I have read, understand, agree with, and will comply with the MOSES rules, Consent to Treat, and Release of Liability.

Participant Signature: _____ **Date:** ____/____/____

Parent (Guardian) Signature: _____ **Date:** ____/____/____

We are assuming your permission to use the participant's picture in our publications, as long as no name or any other personal information is given. If do NOT wish to give this permission, please check here _____

If chosen to be a part of the team, I will enter into covenant with the rest of the team and leaders with regard to the following:

1. Prayer for and with the rest of the team.
2. Attendance and participation at all planning sessions and commissioning service.
3. Commitment to a growing relationship with Jesus Christ through Bible study and small group times with others.

MOSES Rules

The following rules are designed to enhance group unity. By signing this registration, I agree to abide by these rules.

1. To show respect and obedience to all team teen and adult leaders.
2. To use personal electronic devices in a way that shows respect for our Christian mission and team unity. MOSES is not responsible for loss, theft or damage of personal items.
3. To not display affection to another team member in the romantic sense.
4. To not enter sleeping quarters of the opposite gender.
5. To not use tobacco, alcohol, or illegal substances. **(MOSES trips and activities are tobacco-and alcohol free).**
6. To not leave the designated MOSES premises alone or without the permission of a team or adult leader.
7. To wear only modest and appropriate clothing and accessories. Our appearance should reflect our mission of reaching others for Christ, not draw attention to ourselves. Student and adult leaders have the right to ask a participant to change or cover up inappropriate attire.
8. To not use profanity and offensive language.
9. To not acquire any new tattoos or body piercings.
10. To obey all local and federal Laws.

NOTE: Breaking of any of the above rules could result in the participant being sent home at his / her family's expense.

MOSES Provides

- Ground transportation from your church or other predetermined location
- Experienced Christ-centered staff
- Lodging
- Meals while at the site
- Devotions led by MOSES teen team leaders.
- Travel Bag for van ride

You Provide

- Your Bible, paper, and pen / pencil
- A servant's spirit
- Personal items / work clothes
- Sleeping bag and pillow
- Snacks to share
- Hand tools such as a hammer, paint brush, and tape measure
- Birth and photo I.D. (border-crossing document also required for Mexico)

MOSES TRIPS FOR 2017

Weekend Trips: MOSES is willing to accommodate your group on a weekend trip. All bookings are based on availability of leadership and work sites. **Early contact is essential to book your preferred trip. Call the MOSES office: 616-949-0344**

Chicago Trips (11 minimum or \$550 per van, call for schedule) COST: \$50 Per Person

Detroit Trips (11 minimum or \$550 per van, call for schedule) COST: \$50 Per Person

Spring Break Trips: (P = Participant/L= Leader)

| <u>Deadline</u> | <u>DATES</u> | <u>COST**</u> | <u>Deadline</u> | <u>After</u> |
|--------------------------|--------------------------|------------------|-----------------|--------------|
| *McLain MS | Mar 30-Apr 8, 2017 | P \$375/ L \$265 | 03/1/2017 | \$400/\$290 |
| Ensenada, Baja, Mexico | July 11 to July 23, 2017 | P \$600/L \$400 | 05/01/2017 | |
| \$625/\$425 Toronto, ONT | Nov. 22-26, 2017 | P \$100/L \$65 | 10/22/2017 | \$125/\$90 |

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