

**COST: \$2,300****HS & Older**

Leadership and character training with an American football team and work in schools. English nights held with students to help local believers plant a new church.

**HIGH SCHOOL  
SPRING BREAK MISSION TRIP  
CZECH REPUBLIC  
March 10 - 17, 2018**

**MERIT\$****SUPER REWARD: \$400 Credit—On time to all trainings & meet all deadlines****REWARD: \$200 Credit—1 demerit from the above criteria****NO REWARD: Full Price—3 demerits from the above criteria****Pastor Jordan—jordan.cash@oakwoodnb.com****Pastor Epley—jeff.epley@oakwoodnb.com****PLEASE PRINT CLEARLY****PAYMENT SCHEDULE****Jan 31—\$900 deposit & all forms due****Feb 28th—Balance Due****Make Checks Payable to OBC****Check Memo: student's first and last name Czech Republic Mission Trip**

_____	_____	_____	____/____/____
Student Name	Grade	Gender (M/F)	Date of Birth
_____	_____	_____	_____
Address	City/State	Zip	Adult T-Shirt Size
_____	_____	_____	_____
Student Cell #	Home Phone	Student E-Mail	
_____	_____	_____	
Parent Name	Cell #	E-mail	
_____	_____	_____	
Parent Name	Cell #	E-mail	

**Please return Registration Form, Medical Form, and color copy of Passport by  
January 31, 2018**

**MANDATORY TRAINING DATES****January 7****January 31****February 25****January 14****February 18****March 7**

# OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

TRAVELER NAME: \_\_\_\_\_ GENDER: M / F  
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME: \_\_\_\_\_  
(FOR THOSE UNDER 18)

ADDRESS

CITY, STATE, ZIP

EMERGENCY CONTACT & NUMBER

ALT. EMERGENCY CONTACT & NUMBER

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. \_\_\_\_\_

List any medication that you are currently taking \_\_\_\_\_

**Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc.**

CURRENT IMMUNIZATION STATUS: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

**MEDICAL INSURANCE:** Company Name & Policy Number

## Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of \_\_\_\_\_, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any trips.

\_\_\_\_\_  
PARENT SIGNATURE

## FOOD ALGERIES / SPECIAL FOOD NEEDS

## Photograph/Video Notice

I understand as a participant in the Oakwood Ministries, I, (or my child) may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials for OBC.

\_\_\_\_\_  
PARENT SIGNATURE