



*Please print this application form, fill in the required information, sign and mail with \$150 deposit (check or money order) to:
Costa Rica Mission
c/o Susan Williams
4406 W. Leona St.
Tampa, FL 33629 USA*

The Missionary Training School at Palmas de Mamré

Application for Registration

General Information **School Session:** _____
Date

Last Name _____

First Name _____ (Please check)
Male ___ Female ___

Street: _____

City _____ State _____

Zip _____ Country _____

Telephone # _____ - _____ - _____

E-mail _____

D.O.B. ___/___/_____ Nationality _____

Passport or ID Number _____

Emergency Contact _____

Contact Relationship _____ Telephone # _____ - _____ - _____

Other Emergency Contact _____

Contact Relationship _____ Telephone # _____ - _____ - _____

We will send out a periodic E-mail with updates during the training school, is there an E-mail address where a family member might like to receive these updates? _____

Background Information

Describe your experience when you came to Christ

What does living as a Christian mean to you?

Why are you interested in the School of Missions?

Local Church Name _____

Denomination _____

Pastor's Name _____

Phone / email / address _____

Pastor's Signature X _____

Please send a letter of recommendation from your pastor or elder.

Are you willing to crawl in the mud, to eat beans and rice, to run miles before the sun comes up, to study hard, and to follow God with all of your body, mind, and soul? **YES** **NO** (*circle one*)

How did you hear about us? ___ Palmasdemamre.com / ___ YouthQuests.com
___ MissionaryBootcamp.org / ___ *Newletter* / ___ *Email* / ___ *Other*: _____

Applicant's Signature X _____ **Date** _____

Health History

The following information is requested for the benefit of the participant and will be handled confidentially. It will be reviewed by the camp directors, health officer, and emergency medical personnel only. Please answer the questions and sign the authorization below. Emery International reserves the right to require a physician's release prior to participation in the program.

Physician _____

Phone (_____) _____

Date of Last Tetanus (RECOMMENDED) _____

Does the participant: **In Process** **Yes** **No**

Have his/her Hepatitis B Vaccination Series?.....			
Does the participant have any immunizations that are not current?...			
Take any medications (prescription or otherwise)?.....			
Have any allergies or reactions to medications?.....			
Have your permission for our staff to dispense medications in the event they are required?..... (Parent Initials (_____)?)			
Have any heart trouble?.....			
Have epilepsy, convulsions or paralysis?.....			
Have Diabetes?.....			
Have any recurring or chronic illness?.....			
Have a record of any serious injuries, operations, or past medical treatment?.....			
Have any current or recurrent infectious diseases?.....			
Have any dietary restrictions?.....			
Have any physical or medical disabilities, handicaps, or any other restrictions on normal camp activities?.....			
Have a history of psychiatric counseling or hospitalization?.....			
Have any behavior concerns we should be made aware of?.....			

Have health/accident insurance? If yes, then provide:
Insurance Co. _____
Policy/Group# _____

If you have answered "yes" to any of the above questions please explain (attach a separate sheet if necessary):

By signing on the "X" below you are stating the information here-in is true and accurate.

Participant Medical Release

The above health history is correct to the best of my knowledge, and the person therein described has permission to engage in all prescribed activities, except as noted on this form or its attachments. If medical treatment is warranted in the discretion of PDM staff, or if surgical care is recommended by the staff, then I give permission to authorize treatment for the participant identified above. (All efforts to notify the parent, guardian or contact person will be made first).

Signed X _____ Date _____
(Participant parent or legal guardian if participant is under 18 years old)

Participant Release and Hold Harmless Agreement

While at Palmas de Mamré, participants could be involved in activities that require exposure to changing weather conditions, harsh environments, lots of mud, snakes, monkeys, bats, crocodiles, jaguars, and the use of a variety of equipment including, but not limited to horses, machetes, surgical instruments, and hot coffee. All activities require complete attention and responsibility of the participant (listed above), either individually or as part of a group. Many of these activities include inherent and guaranteed risks.

By signing below, you expressly understand and agree to assume all risks and to release and hold harmless Emercy International and Palmas de Mamré, its agents, employees and Board of Trustees from any and all liability arising from any losses of personal property or any bodily injuries incurred by the participants on or off Emercy property, or in connection with any of its activities or programs unless such loss or injury results directly from the gross negligence or willful and wanton misconduct of any employee of the organization acting within the scope of his employment.

A signature is required for a reservation and to participate at Palmas de Mamré.

Signed: _____ Date _____
(Participant parent or legal guardian if participant is under 18 years old)

