

Challenge Circle National Project Application

Name _____ DOB _____ Sex _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____
Church _____ Head Youth Sponsor _____

T-Shirt Size: S M L XL XXL

Week Attending: *(Please Circle)*

WEEK 6 July 18-25

Medical:

1. Are you currently under a doctor's care? _____

If so, for what reason?

2. Have you had any serious physical or emotional illness in the past 2 years? Please explain: _____

3. List medications taken regularly and give reasons.

4. List allergies (food, medications, others) _____

5. Do you have any physical limitations? **If so, please explain.**

6. Give blood type. _____

7. Date of last tetanus shot: _____ *(Must update if more than 5 years)*

8. Insurance Company: _____

Group number: _____ Policy number: _____

9. Please share how you came to know Christ as your Savior?

10. Why do you want to come to New Orleans on this mission's project?

Covenant of Participation

I agree to obey all rules and follow the directions of the UIM staff and those of my own church leaders. **I will** refrain from any use of drugs, alcohol, and tobacco products. I will not use foul or inappropriate language. **I will**, do the best of my ability, foster group cohesiveness by refraining from behavior that may cause dissension, factions or discord.

I will refrain from developing an exclusive relationship with a member of the opposite sex during my short-term mission in New Orleans in order to concentrate my efforts on this project. **I will** dress appropriately as defined by UIM

Signature of Participant

Date

Parent's Signature (*For all students regardless of age*)

Date