



TRIP APPLICATION & CONSENT/MEDICAL FORMS

APPLICATION INFO

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: **M** **F** Birthday (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: **Fr** **So** **Jr** **Sr**

How long have you been at HighPoint? \_\_\_\_\_

T-shirt Size: **S** **M** **L** **XL** **XXL**

Do you have a Passport or Texas ID? \_\_\_\_\_ If yes, please provide the following information:

Name on Passport/ID: \_\_\_\_\_

Passport #/ID #: \_\_\_\_\_

Expiration (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

SPIRIT/BODY

1. How would you describe your current relationship with Christ? (check the best answer)

- Great.** I'm using my God-given gifts in regular ministry.
- Good.** I'm reading my bible and growing on my own.
- Decent.** I believe Jesus is who he says he is.
- Could be better.** But it needs some repair.
- What Relationship?**

2. What two events or activities have impacted you spiritually over this past year?



3. Are there any current physical conditions or moral issues that could impact your involvement on TREK? \_\_ YES \_\_ NO

If YES, please describe:

## MINISTRY INVOLVEMENT

1. How active are you in HighPointYouth?

- Very Active.** I'm a regular attender to Sunday morning church and REVERB/small groups.
- Active.** I'm a regular attender to REVERB/small groups.
- Decent.** I'm a regular attender to Sunday morning church.
- Could be better.** I come when I can.
- Not at all.** But I'd still like to go to TREK.

2. Have you served in ministry here at HighPoint or on another outreach? Describe.

## PERSONAL

1. Why do you want to go on TREK?

2. Rate yourself by 1 – 5 ( 1 being the lowest and 5 being the highest ):

<b>Flexibility</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Adaptability</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Team Player</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

3. Describe a few of your strengths *and* weaknesses.



Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed application form to Mike and/or Jeanne-Mari with a \$100 trip deposit. Make sure your parents read and sign the attached letter and forms.**

# FOR PARENTS TO READ AND SIGN★

Dear Parent/Guardian,

It's an honor for us to lead your son or daughter to Wilderness Trek. Thank you for parenting them in such a way that they value this kind of opportunity...and thank you for allowing them to join this journey! We are looking forward to leading them and challenging them to do more as a group than they ever thought they could do.

Please read the paragraphs below and sign. We want to make sure you are aware of the details through the whole process. You can ask your student for information from the meetings, but you can also access the most up to date forms, meeting times, deadlines, and travel logistics by visiting our website—[www.highpointyouth.org](http://www.highpointyouth.org)—and clicking on the **TREK 2010** link.

Thank you for trusting us with your student. Pray that God does incredible things through them. We believe He will and they will.

Blessings,

Mike Horton  
Youth Pastor

## TRIP UPDATES★NOTIFICATIONS

For regular updates and notifications as we go through the Spring and during the trip itself, we will use Twitter. It's free and fairly straightforward and we've found it's the best way to communicate with everyone uniformly. Therefore, we require that students who are going on the trip sign up and "follow" us at [www.twitter.com/HPYconnect](http://www.twitter.com/HPYconnect). We also strongly encourage parents to sign up as well.



Of course, if a student doesn't have a cell-phone (or doesn't have a texting plan), then they will be exempt from having to sign up...although they can still sign up to receive updates on their computer.

## PARENT★GUARDIAN COMMITMENT★

I/We have read the information packet and am encouraging my student to pursue this trip.

I/We understand that my child must attend all the training meetings to best prepare for this experience.

I/We commit to gathering and reviewing the information missed should an absence be required.

I/We also recognize that my student must participate in personal and team fund-raisers to cover the per person expenses for the trip. If after making a concerted effort, we are short funds, we will work out a special arrangement with the youth ministry office.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Cell or Home Phone

\_\_\_\_\_  
Email

# HIGHPOINT YOUTH CONSENT FORM★

Name of Student: \_\_\_\_\_

Birth Date (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Trip: **2010 Wilderness Trek Trip**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

wishes to be a participant on a HighPoint Fellowship trip which will be traveling to and from Salida, Colorado, and WHEREAS, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, In consideration of permission from HighPoint Fellowship Youth Ministry for myself to participate in said trip,

I, \_\_\_\_\_ (parent's name), authorize HighPoint Fellowship to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray, examination, anesthesia, surgery, or other procedures which HighPoint Fellowship deems necessary for my medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific, consent for medical/dental treatment and care in my behalf. Any consent by HighPoint Fellowship shall have the same force and effect as if I had personally given the consent.

*Check appropriate option:*

I certify I have personal health insurance, with no territorial limitation, for the providing of medical services to me which will provide coverage for me during the duration of said trip. I understand that HighPoint Fellowship provides no health plan except the travelers short-term insurance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Insurance Company Phone Number

I certify I **DO NOT** have personal health insurance. I understand that I am responsible for any and all medical expenses incurred during the duration of said trip. I also understand that HighPoint Fellowship provides no health plan except the travelers short-term insurance.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# HIGHPOINT YOUTH DISCIPLINE AGREEMENT ★

I understand and support the role of leadership of HighPoint Fellowship in overseeing and directing this trip. If my student breaks rules to the point leadership believes they need to be returned for the sake of the team, I agree that it is my responsibility to cover the costs incurred with my student returning early.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***In case of emergency, and if we cannot get hold of you, whom shall we contact?***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Please complete the following questions:***

Is your student currently taking any prescribed medication? **Yes No**

*If yes, please specify the medication and the dosage:* \_\_\_\_\_  
\_\_\_\_\_

Is your student presently under a physician's care for any illness? **Yes No**

*If yes, please specify:* \_\_\_\_\_  
\_\_\_\_\_

Are there any or has your child ever had any serious health issues that need to be factored into their participation on this trip or in the event of a medical emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Cell or Home Phone**