



P.O. Box 295
Naco, AZ Naco, AZ 85620
(520) 432-5702

Participant Application/Medical Release Form

Section A

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email Address: _____ T-shirt Size: _____

Church Name: _____ City: _____ State: _____

Section B

Please rank the following activities as to how comfortable you would be doing them. 1 is Very Uncomfortable and 5 is Very Comfortable.

| | | | | | |
|------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Preaching | 1 | 2 | 3 | 4 | 5 |
| Drama | 1 | 2 | 3 | 4 | 5 |
| Witnessing | 1 | 2 | 3 | 4 | 5 |
| Music | 1 | 2 | 3 | 4 | 5 |
| Prayer Walking | 1 | 2 | 3 | 4 | 5 |
| Construction | 1 | 2 | 3 | 4 | 5 |
| Speaking Spanish | 1 | 2 | 3 | 4 | 5 |
| Preparing Meals | 1 | 2 | 3 | 4 | 5 |

Section C

| | Yes | No |
|---|--------------------------|--------------------------|
| Do you have a U.S. Passport? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a member of a church? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you participated in a mission trip before? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, where? _____ | | |
| Have you been on a mission trip to Mexico before? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, where? _____ | | |

Section E

If you are served a meal(s) from this culture, would you be able/willing to eat it? Yes No

If no, please explain: _____

Do you have any special dietary needs, disabilities, or other information we should know about?

Section F

Please list two emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Section G

Insurance Information

Insurance Co.: _____

Policy #: _____

I hereby release Living Water Ministries, Naco Baptist Church and its staff members from all liability for any injury or harm that could occur during the trip, whether the injury or harm is caused by negligence or otherwise. I hereby give permission for Living Water Ministries to seek appropriate medical assistance for the participant listed above when deemed necessary.

Signature of participant: _____ Date: _____

Living Water Ministries will need a copy of your insurance card and Drivers License or Passport - Please attach to this form, or this can be done at SBC offices.