ALUMNI
YOUTH UPDATE

Camp Code: Office Use

Attach updated **PHOTO** Here
Paper clip photo
Or
Email a photo to
office@im-canada.ca
and check here ☐

MINISTRY _____ **DATES** _____

LOCATION _____

I have served on _____ (# of) IMCS trips in the past.

FULL LEGAL NAME (exactly as on passport) _____

PASSPORT # _____ **PASSPORT EXPIRATION DATE** _____

DATE OF BIRTH _____ **AGE** _____ ☐ **MALE** ☐ **FEMALE**

CITIZENSHIP _____ **EMAIL** _____

PRESENT ADDRESS: Dates at this address if temporary: _____

Street _____ City _____ Prov _____ Postal Code _____

PERMANENT ADDRESS (if different from above)

Street _____ City _____ Prov _____ Postal Code _____

PHONE: Home _____ Cell _____

COMMENTS:

PERSONAL EXPERIENCE

1. Briefly describe what's happening in your life at the present time. (Job, school, family, etc.)

2. What kinds of ministry are you involved in locally at the present time?

3. How have previous short-term mission experiences impacted you?

4. What are you praying about specifically for this upcoming ministry? What's your purpose in going back?

Thank you for answering these questions!

Signed:_____ Dated: _____

International Messengers Canada Society
PO Box 11022 1945 McCallum Rd.
Abbotsford, BC V2S 0E4
604-855-4433 ● www.im-canada.ca

TO: **Parents of Minor(s)**

DATE: **2014**

FROM: **International Messengers Canada Society**

RE: **Travel Consent Form**

In order to prevent the transport of runaways and children involved in custody disputes, many countries have tightened enforcement of regulations covering children traveling internationally without parents or with a single parent.

Most countries require a notarized letter from the non-traveling parent(s) granting permission to travel, which includes details such as the dates of travel and accompanying adult's name. Airlines are now enforcing this requirement at check-in and travel agents are required to notify passengers about this requirement.

Please note that if both parents are living, the affidavit that follows must be signed by BOTH parents (whether married, separated or divorced). **It must also be notarized.**

Please place the original with your child's airline ticket and send a copy to our office. Thank you!

TRAVEL CONSENT FORM

FOR CHILD UNDER 18 YEARS OF AGE

(Please keep this original and return a copy with your application)

DATE:_____

TO WHOM IT MAY CONCERN:

This is to confirm that we are the parent(s) of _____

MINOR'S FULL NAME (TYPED OR PRINTED)

who is less than 18 years of age, and that we give permission for him/her to travel to:

_____ as a tourist from_____to _____

COUNTRY DATE OF ENTRY DATE OF EXIT

He/She will be in the care of _____

NAME OF ADULT SPONSOR (IF OTHER THAN PARENT)

We will be responsible for any expenses that may occur during this trip.

_____ _____

MOTHER'S SIGNATURE DATE OF SIGNATURE

_____

MOTHER'S NAME (TYPED OR PRINTED)

_____

MOTHER'S ADDRESS

_____ _____

FATHER'S SIGNATURE DATE OF SIGNATURE

_____

FATHER'S NAME (TYPED OR PRINTED)

_____

FATHER'S ADDRESS

If both parents are living, this affidavit must be signed by both parents (whether married, separated, or divorced) and it MUST BE NOTARIZED.

This instrument was acknowledged before me on_____,

(Date)

at:_____(city), in the province/territory of_____(province/territory),

_____ (country).

_____

Signature of Notary Public *Stamp/seal*

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Health Insurance/Emergency Contact Information

NAME_____ DATE _____

HEALTH INSURANCE NAME AND PROVINCE: _____

HEALTH INSURANCE NUMBER: _____

☐ ***I DO NOT CURRENTLY HAVE HEALTH INSURANCE.***

I have had all the recommended childhood vaccinations Yes ☐ No ☐

None ☐ _____
Allergies or medical conditions.

None ☐ _____
Medications being taken or have been taken in the past month.

None ☐ _____
Food restrictions.

Comments:

IN CASE OF EMERGENCY, NOTIFY:

Name:_____	Name: _____
Address:_____	Address: _____
City:_____	City: _____
Province, Postal Code:_____	Province, Postal Code: _____
Home Phone:_____	Home Phone: _____
Cell Phone:_____	Cell Phone: _____
Work Phone:_____	Work Phone: _____
Relationship:_____	Relationship: _____

(The information on this form will be shared with IMCS Staff and Team Leaders)

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CONSENT FOR EMERGENCY CARE
(for team members under age 18)

Team Member Name: _____

Team Member Date of Birth: _____

Short Term Missions Trip To: _____

Short Term Mission Trip Dates: _____

As the parent or guardian of this minor team member, I hereby give permission for this minor team member to participate in this short team mission trip.

I understand that if this team member participates ***without*** a parent or legal guardian accompanying him/her on the trip, s/he will be responsible to fund-raise the full ministry cost of an adult instead of a child's ministry cost.

And BE IT KNOWN that I, the undersigned parent or legal guardian, do hereby give and grant unto any medical doctor or hospital, may it be required, my consent and authorization to render such aid, treatment or care to said minor team member as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said minor team member should be injured or stricken ill while participating in the above specified mission trip.

Date _____

Signature of Parent or Legal Guardian _____

Printed name of Parent or Legal Guardian _____

Present Address:

Street _____

City_____Prov_____Postal Code _____

Phone: Home_____Cell_____Work _____

E-Mail Address _____

Family Insurance Plan and Number _____

Signature of Witness _____

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Liability Release

1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release International Messengers Canada Society (hereafter IMCS), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse IMCS, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.

2. I give permission to IMCS to share my application information with IMCS staff and team leaders.

3. I give permission to IMCS to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.

4. I give permission to IMCS to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge IMCS, its Trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

5. I understand that participation in this conference/project may involve the risk of hostage taking or extortion. I release and discharge IMCS, its Trustees, employees, and agents from any and all liability should I be taken hostage. I further release and discharge IMCS, its Trustees, employees and agents from any and all liability for failure or refusal to comply with any demand or demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.

6. If I am under the age of majority in my Province/Territory (if you are, please check here _), I state that I am a mature minor (of college age and living away from parent/guardian) and have the capacity to consent to the terms of this Release.

*For persons under the age of 18 and not living away from parent/guardian:

I, the undersigned parent or legal guardian of the above person, consent to the below named person's participation in this activity and agree to the terms of this release.

Signature of Parent or Guardian **Print Name of Parent or Guardian** **Date**

7. Should any dispute or controversy arise, I agree to seek resolution according to the Rules of Procedure of the Institute for Christian Conciliation. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of participant **Print name of participant** **Date**

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Shirt Order Form

Every International Messengers Canada Team Member will receive a **free** T-shirt.
Please indicate below the SIZE and COLOR you would like for your free T-shirt.

ITEM	SIZES	YOUTH SIZES	COLORS
T-Shirt	**S M L XL 2XL 3XL 4XL**	**XS S M L**	**Blue – Red - Grey**

ITEM	COLOR	SIZE
One Free T-shirt		

Additional T-Shirt Order

If you would like to order additional T-shirts, please contact the office.