



**YOUTH APPLICATION**  
(17 & under – accompanied by a parent or guardian)

**Attach PHOTO Here**

Use paper clip  
OR

Email a photo to [office@im-canada.ca](mailto:office@im-canada.ca)  
and check this box

Please do not staple photo

**MINISTRY** \_\_\_\_\_ **DATES** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

**NAME** \_\_\_\_\_

**AGE** \_\_\_\_\_

Office Use Only:

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

**PRESENT ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN:**

**NAME** \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**HEALTH:**

List any chronic ailments, physical disabilities or limitations that could be an issue during this ministry trip: \_\_\_\_\_  
\_\_\_\_\_

Describe any treatment you have had for emotional problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL EXPERIENCES:**

1. Briefly describe how and when you came to know Jesus Christ as your personal Savior and Lord and how you have grown since then.

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2. Comment on your current relationship with your family.

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3. Why do you want to go on this trip?

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**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 IM Staff and Team Leaders)

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



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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 IM), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse IM, 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 IM to share my application information with IM staff and team leaders.
3. I give permission to IM to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.
4. I give permission to IM 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 IM, 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 IM, its Trustees, employees, and agents from any and all liability should I be taken hostage. I further release and discharge IM, 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 age 18 (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**

# TRAVEL PREFERENCE FORM



If you are arranging your own travel please complete Part 1 of this form. If you want International Messengers to arrange all or part of your travel please complete both Parts 1 and 2.

## PART 1

Full legal name (exactly as it is or will be on your passport) \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender (circle one) Female Male

Passport number \_\_\_\_\_ Nationality of passport \_\_\_\_\_

Passport expiration date \_\_\_\_\_

Check box if:

- I will be arranging and purchasing tickets on my own (including using my own Frequent Flyer miles). (Before purchasing tickets please contact IM: [gene@im-canada.ca](mailto:gene@im-canada.ca).)
- I may want to travel before or after the camp on my own. **(Please comment below, include dates and cities. Please be specific.)**
- I would like to purchase additional emergency medical insurance for my additional personal travel. (IM purchases emergency medical insurance for your mission trip, including travel to and from North America. If you would like coverage for your additional personal travel the cost is approximately \$1.50 per day, per person.) **By leaving this box blank, you are communicating to International Messengers Canada Society that you do not want to purchase additional insurance for your additional personal travel.**

## PART 2

Preferred departure airport(s): \_\_\_\_\_

Ground travel time to airport(s): \_\_\_\_\_

Frequent flyer #: \_\_\_\_\_ Airline: \_\_\_\_\_

**NOTE: Donations covering the FULL PRICE of airfare is needed prior to purchasing your airline ticket.**

**COMMENTS:** (specify dates and cities for additional travel) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Questions? Please contact Gene at 604-855-4433 or [gene@im-canada.ca](mailto:gene@im-canada.ca)**

Office Use Only: TEAM CODE:
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## Shirt Order Form

Please return form to IM  
or email size and color to:  
office@im-canada.ca

Every International Messengers Team Member will receive a **free** T-shirt. **Please CIRCLE the SIZE and COLOR you would like.**  
(Youth sizes where available are indicated with: <sup>Y</sup>)

**T-SHIRT \$16.00** (GILDAN 100% Heavyweight Cotton 8.8 oz)    Sizes: **XS S M L XL 2XL 3XL<sup>3</sup> 4XL<sup>4</sup>**  
 Royal Blue<sup>3,4,Y</sup> – Red<sup>3</sup> -- Sport Grey<sup>3,4,Y</sup>  
 (Youth sizes<sup>Y</sup> for short-sleeve T-shirts: **XS=2/4 S=6/8 M=10/12 L=14/16 XL=18/20**)

**LONG-SLEEVE T-SHIRT \$17.00** (GILDAN 100% Heavyweight Cotton 6.1 oz)    Adult sizes: **S M L XL 2XL 3XL<sup>3</sup>**  
 Royal Blue<sup>3,Y</sup> – Red - Sport Grey<sup>4,Y</sup>  
 (Youth sizes<sup>Y</sup> for long-sleeve T-shirts: **XS=2/4 S=6/8 M=10/12 L=14/16**)

**SWEATSHIRTS \$27.00** (JERZEES 9oz Heavyweight 50/50)    Adult sizes: **S M L XL 2XL 3XL**  
 Ash<sup>4,Y</sup> - Black<sup>4,Y</sup> – Forest Green<sup>3,Y</sup> - Maroon<sup>3,Y</sup> - Navy<sup>4,Y</sup> - Purple<sup>Y</sup> - Red<sup>4,Y</sup> - Royal Blue<sup>4,Y</sup> - Sport Grey<sup>4,Y</sup> – White<sup>3,Y</sup>  
 (Youth sizes<sup>Y</sup> for sweatshirts: **XS=2/4 S=6/8 M=10/12 L=14/16**)

**SHORT-SLEEVE POLO SHIRT w/Embroidered Logo \$28.00** (6.1 oz Cotton Jersey Knit)    **S M L XL 2XL**  
 Ash - Black - Forest Green - Maroon - Navy - Red - Royal - Sport Grey - White

**SHORT-SLEEVE SHIRT w/Embroidered Logo \$33.00** (Mens and Womens sizes)    **S M L XL 2XL 3XL**  
 Denim (100% Cotton): Faded Blue  
 Twill (55/45 Cotton/Poly): Black – Brown – Forest Green – Khaki - Navy

**LONG-SLEEVE SHIRT w/Embroidered Logo \$38.00** (Mens and Womens sizes)    **S M L XL 2XL 3XL**  
 Denim (100% Cotton): Faded Blue<sup>MT</sup>    **Men's tall = <sup>MT</sup>, Women's tall = <sup>WT</sup>**  
 Twill (55/45 Cotton/Poly): Black<sup>MWT</sup> – Brown<sup>M</sup> – Forest Green<sup>MT</sup> – Khaki<sup>MWT</sup> - Navy<sup>MWT</sup>    **LT XLT 2XLT 3XLT**

**FULL-ZIP FLEECE VEST w/Embroidered Logo \$46.00** (100% Polyester Fleece)    **S M L XL 2XL**  
 Red - Black - Charcoal - Navy - Forest Green

If you would like to order additional items, please indicate size and color above and fill out the form below. **Items will be ordered if payment is received with order form, so please also include a cheque payable to International Messengers Canada Society for the proper amount.** *All prices shown are in Canadian \$.*

ITEM (do not include free item here - circle free item above)	COLOR	SIZE		PRICE
			<b>TOTAL</b>	C\$

**NAME:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_