

## **ALUMNI** YOUTH UPDATE

Camp Code: Office Use

# Attach updated **PHOTO**

Here Paper clip photo Or Email a photo to

MINISTRY		DATES		office@im-canada.ca
LOCATION				and check here □
I have served on(	# of) IMCS trips in the	past.		
FULL LEGAL NAME	E (exactly as on pas	sport)		
PASSPORT #		_PASSPORT EX	XPIRATION 1	DATE
DATE OF BIRTH		AGE		LE   FEMALE
CITIZENSHIP		EMAIL		
PRESENT ADDRESS	: Dates at this addre	ess if temporary: _		
Street	City		Prov	Postal Code
PERMANENT ADDR	ESS (if different fr	om above)		
Street	City		Prov	Postal Code
PHONE: Home		Cell		

**COMMENTS**:

#### PERSONAL EXPERIENCE

4. What are you praying about specing	fically for this upcoming ministry? What's y	your purpose in going back?
3. How have previous short-term mis	ssion experiences impacted you?	
2. What kinds of ministry are you in	volved in locally at the present time?	
1. Briefly describe what's happening	g in your life at the present time. (Job, school	ol, family, etc.)

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

Alumni Youth Update Page 2 of 2



**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 I	IT MAY CONCERN:			
This is to con	ıfirm that we are the par	rent(s) of		
	•		MINOR'S FULL NAME (T	YPED OR PRINTED)
who is less th	an 18 years of age, and	that we give permission	for him/her to travel to:	
		as a tourist from		to
	COUNTRY		DATE OF ENTRY	to
He/She will h	be in the care of			
		Name of Ai	OULT SPONSOR (IF OTHER	R THAN PARENT)
We will be re	esponsible for any exper	nses that may occur durin	g this trip.	
,, • ,, ,,,,	opension for any emper	1000 <b>1114</b> 0 111 <b>4</b> 0 0 <b>0001 00111</b>	S mis mp.	
				_
MOTHER'S SI	GNATURE		DATE OF SIGNATURE	E
			_	
MOTHER'S N.	AME (TYPED)			
MOTHER'S A	DDRESS			
FATHER'S SIG			DATE OF SIGNATURI	7
TATILKSSIC	MATURE		DATE OF SIGNATURE	
			_	
FATHER'S NA	ME (TYPED)			
FATHER'S AD	DDRESS			
If both nave	outo ano livino, this affi	danit must be signed by I	hath manageta (sub ath as see	annial assaultad on divorsa
ij botn pare	ints are living, this affu	aavit must be signed by t and it <u>MUST BE l</u>		arried, separated, or divorced
		ana a <u>Most Be i</u>		
This instrume	ent was acknowledged l	pefore me on		
			(Date)	
		province/territory of		
	(country).			
Signature of 1	Notary Public		Stamp/seal	

-		-
	Camp Code: Office Use	



## Health Insurance/Emergency Contact Information

NAME_		DATE
HEALTH	I INSURANCE NAME AND PROVINCE:	
HEALTH	I INSURANCE NUMBER:	
[] <i>IDO <u>N</u></i>	NOT CURRENTLY HAVE HEALTH INSURANCE.	
I have had	all the recommended childhood vaccinations Yes [] No []	
None [ ]		
	Allergies or medical conditions.	
None [ ]		
None [ ]	Medications being taken or have been taken in the past month.	
	Food restrictions.	
Comment	s:	

# IN CASE OF EMERGENCY, NOTIFY:

Name:	Name:	
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)

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



	 															-	-	
_	Ca	ım	p (	Co	od	e:	(	Οſ	ff	ic	e	Į	Js	se	;			

### 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 <i>without</i> 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
CityProvPostal Code
Phone: HomeWork
E-Mail Address
Family Insurance Plan and Number
Signature of Witness

Na
M
INTERNATIONAL
MESSENGERS CANADA
CANADA

### **Liability Release**

Camp Code: Office Use

- 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 <u>parent or legal guardian</u> 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



#### **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 Order Chart**

If you would like to order additional items, please fill out the form below. Items will be ordered <u>if</u> payment is received with order form, so please also include a cheque payable to International Messengers Canada Society for the proper amount. (Or pay by E-transfer)

ITEM	PRICE	SIZES	YOUTH SIZE	S COLOURS
T-Shirt	17.00	S – 4XL	XS - L	Blue – Red - Grey
Long Sleeve T-Shirt	19.00	S – 3XL	XS-L	Blue – Red – Grey
Sweatshirt	29.00	S – 3XL	XS - L	Black – Ash – Grey – White – Dark Green – Maroon – Red – Purple - Navy
Polo T-Shirt w/ embroidered logo	31.00	S – 2XL	N/A	Black – Ash – Grey – White – Dark Green – Maroon – Red –Navy
Button Up T-Shirt w/ embroidered logo	36.00	S – 3XL	N/A	Denim – Twill (Black – Brown – Dark Green – Khaki – Navy)
Dress Shirt w/ embroidered logo	42.00	S – 3XL	N/A	Denim – Twill (Black – Brown – Dark Green – Khaki – Navy)
Full Zip Fleece Vest w/ embroidered logo	54.00	S – 2XL	N/A	Black, Charcoal, Navy, Dark Green, Red

ITEM	COLOR	SIZE	AMT	PRICE
			Total	C\$

NAME:			
MAME:			