

MRC
MK/TCK Re-entry Retreat

Preferred Retreat: ___ **July 18-27, 2010 (Columbia International University in Columbia, SC)**
___ **August 5-13, 2010 (Bethel Christian Camp in Gaston, SC)**

Name _____

Prefer to be called _____ Gender _____

Date of Birth _____ Place of Birth _____

Phone # _____ Email _____

Parents' Names _____

Parents' Field Address _____

Parents' Phone _____ Email _____

Parents' Field work / Responsibilities _____

Parents' U.S. Address _____

Sending Agency _____

Address of Sending Agency _____

Name and Location of High School completed _____

Years spent overseas and which countries _____

Schools previously attended and which grades _____

College you plan/hope to attend _____

Accepted? ___ Date School begins _____ Location of School _____

Other plans if not attending college immediately _____

Special interests, hobbies, and or musical instruments that I play _____

Languages spoken other than English _____

Special Health or Dietary Problems _____

How did you hear about this Re-entry Retreat? _____

Do you have any special concerns about transitioning to the U.S.? _____

What do you hope to gain from this retreat? _____

Please pick your top three choices from the follow list of optional activities. Label them as your first (1), second (2) and third choice (3).

Paintball _____

High Ropes Course _____

Riflery _____

Climbing Wall _____

Zip-Line (700ft) _____

Archery _____

T-shirt Size ___S ___M ___L ___XL Please circle one M / F

Please write a paragraph describing your relationship with the Lord in the space below.

Your Signature _____

Date _____

Parent's Signature _____

Date _____

Deadline: June 1, 2010

Please send this application, a recent photograph of yourself and a \$50.00 non-refundable deposit (balance of \$350.00 due at registration) to:

MRC, P.O. Box 11171, Columbia, SC 29211, USA

www.mresourcesconnection.org

Phone (803) 254-3313 email: admin@mresourcesconnection.org

**The Reference Form should be given to your high school principal or youth pastor.
We will need that prior to our confirming your attendance at the MK/TCK Re-entry Retreat.**

Reference Form
Sons and Daughters of Field Workers
(To be filled out by high school principal or youth leader)

To Whom It May Concern:

_____, has applied to attend to our MK/TCK Re-entry Retreat. We would appreciate your evaluation. Your reply is held in confidence. Please feel free to use the back of this form to make any additional comments about this person.

How long have you know the applicant? _____ In what capacity have you known this individual? _____

How well does he/she work with others? _____

Does he/she take responsibility? _____

Does he/she exert a good influence? _____

Have you ever had occasion to question the candidate's morals? _____

To your knowledge does he/she use drugs, alcohol, or tobacco? _____

What is his/her response to authority? _____

Is this individual emotionally stable? _____

What is their level of spiritual maturity? _____

Does he/she have any outstanding special abilities? _____

Please elaborate _____

In what type of leadership role has he/she participated? _____

Signed _____ Date _____

Thank you for returning this document directly to:

MRC, P.O. Box 11171, Columbia, SC 29211, USA

Phone (803) 254-3313 Fax: (803) 254-0370

Email: admin@mresourcesconnection.org

Authorization and Release
MRC
MK/TCK Retreat

I/We, the parent(s) or the guardian(s) of _____, for and in consideration of my/our child being a participant in the MRC MK/TCK Re-Entry Retreat (hereinafter called the “retreat”) in Columbia, South Carolina, hereby agree as follows:

1. I/We give my/our approval for my/our child to be a participant in any and all activities;
2. I/We assume all risks and liabilities which may result from my/our child participating in the retreat and release and forever discharge and hold harmless MRC, retreat staff, representatives and agents from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by my/our child;
3. I/We agree to indemnify MRC against any and all liability or loss, and against all claims or actions based upon or arising out of damage or injury to persons or property caused by my/our child;
4. Official videos and still photographs may be taken at retreat events. Registration constitutes permission to use your child’s picture if it appears on video or still photographs.

Parent’s Signature _____

Date _____

Participant’s Signature _____

Date _____

MRC
Authorization for Medical Treatment

NAME _____

The above named has permission to engage in all retreat activities, except as noted on the health form under "limitations."

I certify that I am the parent or have the legal ability to sign this authorization on behalf of the participant named above.

In the event of illness or accident, I hereby authorize **MRC** to act for me in my behalf as the parent or other person having the legal authority to act for the participant named above in the securing of medical treatment. In the event of an emergency, I hereby give permission to the physician selected by MRC to hospitalize, secure proper treatment for, and to order medication, injection, anesthesia or surgery for the participant named.

I accept responsibility for any medical bills that are not covered by my insurance policies. All medical bills will be sent to the parents for payment or for forwarding to your insurance company.

Signature _____
(Relationship to Participant)

Date _____

1. Do you carry accident insurance? Yes _____ No _____
Insurance Company _____ Policy Number _____
Address _____

2. Do you carry medical insurance? Yes _____ No _____
Insurance Company _____ Policy Number _____
Address _____

3. Do you carry dental insurance? Yes _____ No _____
Insurance Company _____ Policy Number _____
Address _____

Parent's (or policy holder's) place of employment _____

Signature _____

Relationship _____

Date _____

MRC
Participant Medical Form

Name _____

Birth date _____ Sex _____ Age _____

Parent /Guardian _____ Phone _____

In the event of an emergency, please contact*:

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

**Please note! At least one contact must reside in the U.S.*

Health History

Operation or Serious Injuries (dates)

Chronic or Recurring Illnesses

Allergies

Allergies to medication or insect stings

Special Diet

Will you be taking any prescription medication while participating in the retreat?

If so, name it and how it is taken.

Limitations and/or Activity Restrictions

Date of last Tetanus booster _____

Specific Health Situations the staff should know: (This information is CONFIDENTIAL)

Bethel Christian Camp Paintball Waiver and Release of Liability

In consideration of Bethel Christian Camp furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents, or referees or immediate family working under Bethel Christian Camp; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees, referees or immediate family of Bethel Christian Camp Staff, or by any other person affiliated with Bethel Christian Camp.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Bethel Christian Camp and it's owners, owners immediate family, agents, officers, referees and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, owners immediate family, agents, officers or employees of Bethel Christian Camp.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE Bethel Christian Camp FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

This Waiver will be in effect Starting _____ and expires _____.

Signature Age Date Phone

Print Name Address

Signature of Parent/Guardian (if under 18 yrs. old)