



MINOR APPLICATION AND RELEASE (under 18)

For your child to be a participant in the Preachin' Time Ministries' Missionary Kids Program for 2008, please complete the following information. If a ID (Driver's Lic, Passport, School ID) is available, please provide a copy. A copy of your insurance card is required.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE #: (____) _____ **AGE** ____ **BIRTHDAY** ____/____/____

MALE ____ **FEMALE** ____ **GOLF SHIRT SIZE** ____ **TSHIRT SIZE** ____

EMAIL ADDRESS: _____

PARENTS NAME: _____

PARENTS ADDRESS: _____

(if different)

CITY: _____ **STATE** _____ **ZIP** _____

HOME CHURCH: _____ **PASTOR** _____

CHURCH MAILING ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

EMERGENCY CONTACT:

NAME _____ **RELATIONSHIP** ____ **PHONE** _____

ALTERNATE #'s (cell, work) _____

MEDICAL INFORMATION (MUST BE COMPLETED!)

Please List All Medical Conditions Host or Medical Personnel Should be aware of: (Include Medical Allergies, Medication Allergies, Food Allergies, Other Allergies like 'bee stings, etc; skin diseases, asthma, heart conditions, etc)

Medications: (Please List "ALL" medications of "ANY TYPE" – prescription, over the counter your child takes and/or has in their possession. Include INSTRUCTIONS. Also indicate if you want Trip Staff to assist in dispensing the medication on your behalf.)

Physical Restrictions: (You Child is expected to FULLY PARTICIPATE in activities unless medically unable to do so.)

Date of Last Tetanus or Booster: _____



MINOR CONSENT AND RELEASE FORM: (under 18 years of age)
(All Custodial Parents/Guardians Must Review and Sign)

I, the undersigned parent or guardian, hereby consent to my child, _____, who is ____ years of age, participating in the activities connected with Preachin' Time Ministries' Missionary Kids Program (herein referred to as THE PROGRAM). THE PROGRAM is an activity sponsored by Preachin' Time Ministries and Evangelist Duane Moore (an Outreach Ministry of White Oak Springs Baptist Church). THE PROGRAM will be held during June and July 2008 (but may be extended in the event of travel considerations). Some participants will only be present for a portion of the trip and may travel on alternate dates. The PROGRAM will involve activities at several locations and include transportation to and from those various locations and activities. I certify that my child is able to participate in these activities, including sports, horse back riding, swimming (note: Not all activities may be available at this function) and other trip related activities (unless indicated in the medical information section of this application). If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. In the event of an emergency, I may be reached at the telephone number listed above in this application. If I cannot be reached within a reasonable period of time, I hereby authorize Duane Moore, director or his designated adult assistant to make emergency medical decisions for my child. If there are any activities that I do not want my child to participate in, I have listed them below my signature.

I understand that my child may ride in the vehicle with individuals designated by Preachin' Time Ministries or Duane Moore. I specifically consent to my child being transported by this designated driver.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Bro. Duane Moore, White Oak Springs Baptist Church, Preachin' Time Ministries, All supporting churches and individuals, associated missionaries and institutions, their churches, supporters, boards and ministries, and their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. This release is given with the express intention of binding myself, my spouse, legal representatives, heirs and assigns.

I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR MY CHILD.

Insurance Company _____ Policy/ID _____ Employer _____
***PLEASE ATTACH A COPY OF YOUR INSURANCE CARD – FRONT AND BACK *** _____ check here if NO insurance

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

_____ Parent or Guardian	_____ Date	_____ Parent or Guardian	_____ Date
_____ Day time Phone #	_____ Cell Phone#	_____ Day time Phone #	_____ Cell Phone#

I do not wish my child to participate in the following:



CODE OF CONDUCT

PTM reserves the right to set and enforce their statement of Faith, rules for behavior and other requirements as necessary. This includes but is not limited to: King James Only program, Appropriate Dress Requirements (no shorts, tanks, etc for Males – No pants, Shorts, immodest tops for Females); Full participation in all activities and services; details are determined by the director. Preachin' Time Ministries has a STANDARD CODE OF CONDUCT that will be in effect for the Program. Obtain a copy at www.preachintime.com or by mail.

I _____ (MK), am familiar with the dress code, doctrine and discipline statements for the PTM STANDARD CODE OF CONDUCT. I agree to willingly abide by these rules, be a good sportsman, dress according to PTM policy and exhibit a good Christian disposition at all times. I agree to follow the directives of the director and leadership at all times. I desire to come to the PTM MK PROGRAM and do so at my own risk. I understand that failing to comply with these rules may result in my dismissal and require my parent/guardian to make arrangements for my early departure.

MK Signature _____

Parent: I agree to this statement _____



ADULT APPLICATION AND RELEASE (18 and over)

For you to be a participant in the Preachin' Time Ministries' Missionary Kids Program for 2008, please complete the following information. If a ID (Driver's Lic, Passport, School ID) is available, please provide a copy. A copy of your insurance card is required.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE #: (____) _____ **AGE** ____ **BIRTHDAY** ____/____/____

MALE ____ **FEMALE** ____ **GOLF SHIRT SIZE** ____ **TSHIRT SIZE** ____

EMAIL ADDRESS: _____

PARENTS NAME: _____

PARENTS ADDRESS: _____

(if different)

CITY: _____ **STATE** _____ **ZIP** _____

HOME CHURCH: _____ **PASTOR** _____

CHURCH MAILING ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

EMERGENCY CONTACT:

NAME _____ **RELATIONSHIP** _____ **PHONE** _____

ALTERNATE #'s (cell, work) _____

MEDICAL INFORMATION (MUST BE COMPLETED!)

Please List All Medical Conditions Host or Medical Personnel Should be aware of: (Include Medical Allergies, Medication Allergies, Food Allergies, Other Allergies like 'bee stings, etc; skin diseases, asthma, heart conditions, etc)

Medications: (Please List "ALL" medications of "ANY TYPE" – prescription, over the counter your child takes and/or has in their possession. Include INSTRUCTIONS. Also indicate if you want Trip Staff to assist in dispensing the medication on your behalf.)

Physical Restrictions: (You Child is expected to FULLY PARTICIPATE in activities unless medically unable to do so.)

Date of Last Tetanus or Booster: _____



ADULT CONSENT AND RELEASE FORM: (18 years of age and older)

I, _____ age _____, the undersigned, hereby consent to my participation in the activities connected with Preachin' Time Ministries' Missionary Kids Program (herein referred to as THE PROGRAM). THE PROGRAM is an activity sponsored by Preachin' Time Ministries and Evangelist Duane Moore (an Outreach Ministry of White Oak Springs Baptist Church). THE PROGRAM will be held during June and July 2008 (but may be extended in the event of travel considerations). Some participants will only be present for a portion of the trip and may travel on alternate dates. The PROGRAM will involve activities at several locations and include transportation to and from those various locations and activities. I certify that I am able to participate in these activities, including sports, horse back riding, swimming (note: Not all activities may be available at this function) and other trip related activities (unless indicated in the medical information section of this application). If I have a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. I hereby authorize Duane Moore, director or his designated adult assistant to make emergency medical decisions for me. If there are any activities that I cannot participate in, I have listed them below my signature.

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I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Bro. Duane Moore, White Oak Springs Baptist Church, Preachin' Time Ministries, All supporting churches and individuals, associated missionaries and institutions, their churches, supporters, boards and ministries, and their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. This release is given with the express intention of binding myself, my spouse, legal representatives, heirs and assigns.

I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR ME.

Insurance Company _____ Policy/ID _____ Employer _____
***PLEASE ATTACH A COPY OF YOUR INSURANCE CARD – FRONT AND BACK *** _____ check here if NO insurance

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature

Date

I do not wish to participate in the following:



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PTM reserves the right to set and enforce their statement of Faith, rules for behavior and other requirements as necessary. This includes but is not limited to: King James Only program, Appropriate Dress Requirements (no shorts, tanks, etc for Males – No pants, Shorts, immodest tops for Females); Full participation in all activities and services; details are determined by the director. Preachin' Time Ministries has a STANDARD CODE OF CONDUCT that will be in effect for the Program. Obtain a copy at www.preachintime.com or by mail.

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MK Signature _____



NAME: _____

My anticipated arrival date is _____ at _____

My anticipated departure date is _____ from _____

I intend to participate in the activities checked below:

- _____
- _____
- _____

(list pre-dates that you intend to participate in above)

- June 16-20 Sand Mountain Bible Camp Week
- June 20-22 DOLLYWOOD WEEKEND
- June 23-27 JUNIOR WEEK- Sand Mtn (AS A CAMPER – 7 to 12)
- June 23-27 JUNIOR WEEK- SAND MTN as a MK WORKER
- June 28 GOD AND COUNTRY WEEKEND
- July 29 Services with Bro. Moore
- June 30-July 4 PTM BASIC TRAINING YOUTH CAMP
- July 05 MK Day w/ Bro. Moore
- July 06 Services w/ Bro. Moore
- July 07-11 N. East Ga Youth Camp
- July 12 Saturday with Bro. Moore
- _____
- _____
- _____

(list post-dates that you intend to participate in above)