

World M pact 2020

STUDENT APP

Application & \$75 APP fee

Early Registration Due Feb 26

I AM APPLYING TO BE A MISSIONARY TO:

- San Antonio, TX [July 5 - 11] (6th - 8th grade) \$950
 Belle Glade, FL [July 3- July 10] (9th - 11th grade) \$1900
 Clandolkin, Ireland [July 11 - July 20] (11th -12th grade) \$2900

PARTICIPANT INFORMATION: (name must be your full legal name as it appears on your passport/license)

NAME:

Legal Last _____ Legal First _____ Middle: _____

Goes By: _____ Date of Birth ____/____/____ []Male []Female

Age: ____ Current Grade: _____ School: _____

Cell Phone: _____

Address: _____ City: _____ Zip: _____

T-shirt size: S M L XL 2XL 3XL

PARENT INFORMATION:

Mother: _____ Contact Number: _____ Email: _____

Father: _____ Contact Number: _____ Email: _____

Would you like to be added to our texting database for updates & reminders regarding WM: []Yes []No
If parents are divorced who has legal custody? Mother Father Joint Other: _____

PERSONAL INFORMATION:

When did you make a commitment to follow Jesus? _____

Have you received the Baptism of the Holy Spirit? _____

Have you been involved with these in the past year?

Alcohol or Tobacco: [] Yes [] No

Illegal drugs: [] Yes [] No

WORLD MPACT REQUIREMENTS:

LIFESTYLE

- Keep sermon notes of all services
- Be faithful to tithing and offerings
- Live a pure and holy life; one pleasing to God. Use wisdom in choosing TV shows, movies and music
- Use wisdom in the things you do, where you go, what you say, text and post
- Don't date anyone that is a non-Christian
- Sit as close as possible to the front in every service
- Pray and read your Bible daily
- Choose an accountability partner and be accountable to him/her and your group

ATTENDANCE

- Info meeting February 5th (after M pact) & April 22 (after M pact)
- **Prep Days - May 31, June 7, 14, and 28 (Sundays 2:00PM -7:00PM)**
- M pact Wednesdays, M pact Sundays, and a Weekend service at The Assembly

MEDICAL RELEASE

Are Mpact sponsors authorized to approve medical treatment? [] Yes [] No

Is the participant covered by personal/family medical insurance? [] Yes [] No

If yes, name of insurer: _____

Policy and/or group number: _____

List routine medications: _____

I understand and support my student’s commitment to the attendance and lifestyle requirements stated above. I also understand my student’s financial commitment and approve of his/her participation in World Mpact 2020.

Parent Signature _____ Date ____/____/____

List medication or food allergies: _____

List physical or mental limitations or restrictions: _____

Have you ever had:

- Diabetes, Seizures, Fainting spells, An eating disorder, or Respiratory problems Yes [] No []

List an emergency contact **OTHER THAN PARENTS** listed above.

(We will always try to contact parents first.)

Name _____ Phone _____

Relationship to Student _____

I authorize those in charge to call an emergency vehicle in case of accident or acute illness and to arrange for necessary care. Any qualified physician called by those in charge, may treat and do whatever necessary for the health and well being of my child. I believe necessary precautions will be taken for the care and safety of my child. However, in case of accidental injury, I agree to accept full responsibility for any and all costs incurred for medical services rendered. In addition, I waive any and all liability and agree that the property owner will incur no liability, implied or otherwise.

Parent Signature _____ Date ____/____/____