

# PARTICIPANT REGISTRATION

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Each participant, both teens and adults, MUST fill out this form completely.  
Items marked with \* are for participants traveling overseas ONLY.

## ABOUT YOU

- I am the team leader. Are you the Pastor or Youth Pastor/Director?  Yes  No
- I am an adult leader.
- I am a student.

I am signing up to go to El Centro Ministries, Guatemala City, Guatemala  
Trip Dates: from \_\_\_\_\_ to \_\_\_\_\_

(Please print)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Grade/College Level: \_\_\_\_\_ Marital Status:  Single  Married

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-Shirt Size (circle): S M L X L 2X 3X

## \*PASSPORT INFO (if you are signing up to go overseas)

\*Name (as it appears on your passport): \_\_\_\_\_

\*Passport Number: \_\_\_\_\_ \*Passport Expiration Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Issuing Authority Listed on Passport: \_\_\_\_\_

## CHURCH AFFILIATION & SPIRITUAL LIFE

Church Name: \_\_\_\_\_ Team/Ministry Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Give a brief testimony of your walk with God: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your involvement with your church/youth group/ministry: \_\_\_\_\_

\_\_\_\_\_

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## BRIEF MEDICAL BACKGROUND

Do you have any allergies or diet restrictions?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are you taking any medications?  Yes  No

If Yes, please explain: \_\_\_\_\_

Do you have any medical restrictions or issues?  Yes  No

If Yes, please explain: \_\_\_\_\_

Is there anything else we need to know about your medical history? \_\_\_\_\_

## MEDICAL INSURANCE & PHYSICIAN INFORMATION

Insurance Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PLEASE PROVIDE 2 EMERGENCY CONTACTS (list those not attending the trip with you)

1. Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**By signing below, I verify that the information provided on this registration form is both complete and accurate.**

**(If under 18, the signature of a legal parent/guardian is required for participation with El Centro Ministries).**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if participant is under 18)

Signature of Trip Leader: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_