

RES/ARDF SERVICE INTAKE FORM

**Hurricane Helene / June 27 – July 3 FAMILY TRIP**

Partner: Adventures in Missions Base Camp: Black Mountain, N.C.

Cost: \$200 per person Ages: Parents, Grandparents, Children Ages 8 and up

**Participant Information**

First Name:

Last Name:

Age:

Address Line 1:

City:

State:

Zip:

Phone Number:

**Emergency Contact Information**

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

Primary Care Physician:

Primary Care Physician Phone Number:

Primary Care Physician Name of Practice:

**Insurance Information**

Medical Insurance Company:

Insurance Phone Number:

Policy/Group ID#:

Policy Holder's Name:

**General Medical Information**

Does trip participant have or is subject to: *Please answer Y or N*

Allergies:

Diabetes:

Heart Condition:

Daily Medications:

Headaches:

Seizures:

Motion Sickness:

Fainting:

Sleepwalking:

Upset Stomach:

Contact Lenses:

Hearing Aids:

Other (*describe as needed*):

None:

Please explain if you answered Yes to any questions.

Does trip participant have a serious reaction to:

Bee Stings:

Poison Ivy, Oak or Sumac:

Penicillin:

Other drugs (please list drug and reaction):

Other (please explain):

None:

Has the participant had any serious illness or surgery in the past 10 years?

If yes, please explain:

Does the participant have any condition that would prevent him/her from participating in any activities?

If yes, please explain:

Blood Type:

Is your tetanus shot up to date? (*Within 15 years*):

Please list ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise.

## BACKGROUND CHECK AND MINISTRY SAFE TRAINING

I understand that I must undergo a background check or provide confirmation of one passed within the past two years.

You can complete a [background check here](#). Each background check is provided by [Protect My Ministry](#) and costs \$24 to complete.

I agree (initial here)

I understand that because I will be in close contact with children not my own, I also must undergo some form of ministry safe training.

I agree (initial here)

*Res Kids ministry provides a one day training with certification on the following dates:*

A poster for Safeguarding Training. The background is a warm, golden-yellow bokeh with a central image of two hands clasped together. The text is centered and reads: "SAFEGUARDING TRAINING" in large, outlined, yellow letters. Below that, in bold black text, is "Sunday afternoons - 12:30-2:00pm". Underneath are the dates "March 8", "April 19", and "May 17" in bold black text. To the right of the dates is a QR code. At the bottom, a white rounded rectangle contains the text "required for ResKids, Safety Monitors, Childcare, Pastoral Care, Student Min." in a cursive font.

**SAFEGUARDING  
TRAINING**

**Sunday afternoons - 12:30-2:00pm**

**March 8  
April 19  
May 17**



*required for ResKids, Safety Monitors, Childcare, Pastoral Care, Student Min.*

Please review the following document: [Activity Review and Waiver of Release](#)

I, the Trip Participant, hereby acknowledge and agree that I have carefully read the above Activity Liability Waiver and Release Document, that I understand its contents, and that I freely and voluntarily execute the same.

I agree *(initial here)*

## **MEDIA RELEASE**

I understand that while I am on an ARDF Disaster Response Mission Trip, photos/videos taken in public spaces may contain my image and may be used to further ARDF's charitable purposes through media. Such media may be edited and used by ARDF and its affiliated organizations in its promotional activities, including but not limited to: print, website, social media, broadcast, and/or video. ARDF may use this media in whole, in part, or in composite as it sees fit. I waive all rights to inspect and/or approve the described media itself and any words, illustrations, or other materials used in conjunction with the media. I also waive all rights of publicity in connection with the use of the media by ARDF.

I give ARDF this permission, without any compensation, in recognition and furtherance of ARDF's charitable purposes. I understand that ARDF will use the described media only in the furtherance of its charitable purposes.

\*

I Agree *(initial here)*

I am interested in financial aid for a child under 18.      Yes                  No

Name(s) of child(ren)

Thank you for completing this document. Please return to [Missions@resbalt.org](mailto:Missions@resbalt.org)

Once we have received all your information we will contact you with payment information.