



Reformation Generation Seminar

Health Form

BASIC INFO:

YEAR OF SEMINAR: _____

NAME OF APPLICANT: _____

MAILING ADDRESS (Street/Box #, City, State/Prov, Zip/Postal Code): _____

_____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

DATE OF BIRTH (mm/dd/yy): ____/____/____ SOCIAL SECURITY #: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME OF CONTACT: _____

MAILING ADDRESS (Street/Box #, City, State/Prov, Zip/Postal Code): _____

_____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

MEDICAL INSURANCE:

NAME OF INSURER: _____ MEDICAL INSURANCE #: _____

PERSONAL HISTORY:

HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____

YOU WOULD RATE YOUR HEALTH CONDITION AS: _____ EXCELLENT _____ GOOD _____ FAIR _____ POOR

HAVE YOU EVER BEEN INVOLVED, WITH THE FOLLOWING? IF YES - EXPLAIN, AND LIST MOST RECENT DATES OF USE.

ALCOHOL: _____

SMOKING: _____

ILLEGAL DRUGS: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING COMMUNICABLE DISEASES?

YES	NO		YES	NO		YES	NO	
		CHICKENPOX			MUMPS			TUBERCULOSIS
		MEASLES (RUBELLA)			PERTUSSIS			OTHER (SPECIFY)
		MEASLES (RUBEOLA)			SCARLET FEVER			

PLEASE ANSWER ALL QUESTIONS. COMMENT ON ALL "YES" ANSWERS IN THE SPACE BELOW, OR ON A SEPARATE SHEET OF PAPER. HAVE YOU EVER HAD ANY OF THE FOLLOWING?:

YES	NO		YES	NO		YES	NO	
		Skin Conditions			Heart Trouble			Jaundice
		Eye Trouble			High Blood Pressure			Hepatitis
		Ear Trouble			Low Blood Pressure			Intestinal Trouble
		Head Injury			Arthritis			Recurrent Diarrhea
		Recurrent Headaches			Back Problems			Diabetes
		Epilepsy			Dislocation of Joint			Kidney Disease
		Fainting Spells			Tumor/Cancer			Anemia
		Mental Disorders			Stomach Ulcer			Venereal Disease
		Nervous Disorders			Gall Bladder Problems			A.I.D.S.
		Paralysis			Surgery			FEMALES ONLY
		Insomnia			Appendectomy			Irregular Periods
		Shortness of Breath			Tonsillectomy			Severe Cramps
		Hay Fever/Asthma			Hernia Repair			Excessive Flow
		Allergies (specify)			Other (specify)			Are you pregnant?

IF YES PLEASE EXPLAIN: _____

ARE YOU CURRENTLY UNDER A DOCTOR OR HEALTH CARE PROFESSIONAL'S CARE FOR ANY CONDITION?

____ YES ____ NO

IF YES, PLEASE EXPLAIN: _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment including anesthesia and surgery as the attending doctor or physician may deem necessary.

 (Applicant's Name Printed)

 (Applicant's Signature)

 (Date)

 (Parent or Guardian of those under 18)

 (Parent or Guardian Signature)

 (Date)

Please return to:
YWAM Maui - Registrar
 PO Box 790237
 Paia, Maui - Hawaii
 96779
 USA
 P: 808-575-9460
 F: 808-575-9476
 registrar@ywammaui.com



Reformation Generation Seminar
Financial & Conduct Agreement

YEAR OF SEMINAR: _____

NAME OF APPLICANT: _____

DO YOU HAVE THE COMPLETE SEMINAR FEES?: _____ YES _____ NO

IF NO, HOW DO YOU PLAN ON RAISING FINANCES FOR THIS SEMINAR? _____

TOTAL TUITION FOR THE REFORMATION GENERATION SEMINAR IS \$ 1000.00
**** THE FIRST HALD OF TUITION (\$500) IS DUE 30 DAYS BEFORE THE SEMINAR BEGINS.**
THE REMAINING SECOND HALF IS DUE ON THE FIRST DAY OF LECTURE. **

I/we understand that payment of the required seminar tuition must be paid in **U.S. CURRENCY** prior to or upon my arrival, unless otherwise approved in writing by the seminar director before my departure for Hawaii. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission. I will abide by the Spirit, rules, and schedule of this YWAM program.

MORAL

The participant will: endeavor to reflect the love and faith of Jesus Christ in all attitude, speech and conduct; will conduct themselves in accordance with Biblical standards of truth, honor and purity; and, will not behave in anyway that will discredit the name of Jesus Christ and this mission. Further, the participant will respect the laws of the land, will not participate in any unlawful acts, nor consume any form of illegal substances.

SEMINAR

The participant will faithfully and willingly: complete all lecture assignments; participate in work responsibilities; abstain from all tobacco products; abide by the housing curfews and guidelines as set forth by the staff; be prompt in their attendance of lectures and activities; be modest and sensitive in their dress and conduct; abide by the recommendations of the staff concerning their dress and conduct while in Maui; and display a respectful attitude toward the staff.

I understand and accept my obligation to fulfill the financial, moral, and seminar requirements of the YWAM Maui program as listed in this agreement, for the duration of the seminar, and that violation of this agreement may result in my immediate dismissal.

(APPLICANT'S SIGNATURE)

Date: ____/____/____

(MM/DD/YY)



Reformation Generation Seminar
Waiver of Liability & Release

YEAR OF SEMINAR: _____

I, the undersigned, individually hereby release YOUTH WITH A MISSION (herein after YWAM), it's staff, agents, employees, and representatives, from all claims, causes of action or lawsuits relating to or resulting from activities or events involving YWAM. I hereby acknowledge and agree that I am personally aware of all risks associated with or related to missions work, sporting events, training, traveling, interaction with foreign people and nations and all activities which are part of the YWAM program. I agree to assume all risk of injury or loss that may occur or be related to in any other manner to YWAM or the activities I may engage in while with YWAM.

This Release shall apply to all claims for physical and/or mental injury, attorney's fees, costs and expenses of litigation, claims for loss of consortium, medical expenses, loss of earning, punitive damages, and all other claims whatsoever, which may result from or be in any manner related to YWAM.

I further promise to agree to indemnify, defend, and forever hold harmless YWAM, it's staff, agents, employees, and representatives against all claims, actions, cross-claims, or third-party claims arising from or in any manner related to YWAM - whether such actions are brought by third-party claims arising from or in any manner related to YWAM or whether such actions are brought by third parties or anyone acting on behalf of myself.

In the event that YWAM files any action to enforce the provisions, releases and covenants of this agreement, YWAM shall be entitled to all reasonable attorney's fee and costs of such enforcement proceeding.

**BY SIGNING THIS RELEASE, I UNDERSTAND THAT I AM RELEASING ALL
CLAIMS FOR INJURY OR DAMAGE.**

(APPLICANT'S SIGNATURE)

Date: ____/____/____
(MM/DD/YY)

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