

# Georgia Missions Project

## Admissions

*For Office Use Only*

Date Received:  
Support Received:  
Room Assignment:  
Notes:

### Student Missionary:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Age: \_\_\_\_\_  
Circle: Male/ Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (next year): \_\_\_\_\_ Parents' names: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
T-Shirt Size (circle below) Youth or Adult  
S M L XL Other \_\_\_\_\_

### **Health Form**

In case of emergency, please list other persons to notify if parents cannot be reached.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Past Illnesses: (please circle any)

Diphtheria Whooping Cough Scarlet Fever Chicken Pox Mumps

Polio Rheumatic Fever Tuberculosis Other: \_\_\_\_\_

Existing Diseases or Conditions: (please circle and explain current condition)

Sinus Asthma Heart Kidney Epilepsy Diabetes

Current Condition/Treatment: \_\_\_\_\_

Does the student have any significant history of the following: (please circle)

Nose bleeds Headaches Sleep walking Fainting Sore Throat

Diarrhea/ Constipation Frequent colds Other: \_\_\_\_\_

Allergies: (please circle and specify)

Penicillin Bee/wasp stings (specify treatment)

Foods: \_\_\_\_\_

Other: \_\_\_\_\_

Immunization Record: (record last date of injection)

Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Whooping cough \_\_\_\_\_ Smallpox \_\_\_\_\_

Insurance Information: (please complete fully)

Company \_\_\_\_\_ Name of  
holder \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_

\*ALL MEDICINE MUST BE IN ITS ORIGINAL CONTAINER-CLEARLY MARKED WITH THE STUDENT'S NAME AND DOSAGE.

**Permission**

In case of emergency: I give permission for my child to be given over-the-counter medicine(s) for minor ailments. I also give permission for my child to be transported to, and treated at a medical facility in the event of an emergency. I understand that I am responsible for all charges either through health insurance or otherwise.

\_\_\_\_\_  
(Signature of parent or guardian) (date)

**Consent and Release Form**

I, the undersigned parent or guardian, hereby consent to my child’s participation in the “Georgia Missions Project” at Grace Farm. This includes the transportation of my child to and from certain excursions that the camp will participate in. I certify that my child is able to participate in all activities (except \_\_\_\_\_).

I will assume full responsibility, including all costs, if my child should need to be transported home, including for disciplinary reasons.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number provided above. If I cannot be reached, I hereby authorize the adult sponsor in charge to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Freddie Coile, Focus Evangelistic Ministries, Grace Farm, and their agents 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 participant now has or which may arise in the future in connection with the activity or participation in any other associated activities.

Permission is granted for the use of images or recordings that may include my child for promotional purposes.

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 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’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Mail registration to:**

**Focus Evangelistic Ministries, Inc.  
GMP Registrar  
P.O. Box 498  
Danielsville GA 30633**