

TWU Alumni Habitat for Humanity Project 2009
Registration Form

Please fill out one form per person

Registration Package needed by November 1, 2009 to alumni@twu.ca

Alumnus Name: _____
Guest(s) (family, friend): _____

Flight Information:

Arrival Date (December 4th, 2009 or onwards): _____

Departure Date (December 11 – 13th, 2009): _____

Name & Number of Airline: _____

Arrival: _____

Departure: _____

Notes / Instructions: _____

Contact Information:

Email: _____

Phone: _____

Payment Information & Schedule:

\$550 (US \$) for the first seven days, \$50 (US \$) for additional days

_____ number of additional days

\$_____ total amount to be charged

Payment Method: (please check)

- Credit Card: (please circle) VISA MASTERCARD AMERICAN EXPRESS
- Cheque: please make out to Trinity Western University, Memo: Alumni Habitat for Humanity
- Internet: <https://www1.twu.ca/Development/donate/single-donation.aspx> Please ensure to type "Alumni Habitat for Humanity" in Comments.

- November 1, 2009: \$500 (CA \$) must be paid towards trip per person
- December 3, 2009: \$50 (US \$) and/or remaining amount and currency exchange amount must be paid towards trip per person

Skills & Talents:

Please check if you are gifted in any of the following areas and would be willing to use these gifts on the trip:

- Photography
- Slide show (lab top will be provided)
- Construction

- Cement work
- Carpentry
- Other: _____

Required Forms:

Are the following forms included/filled out: (please check)

- Emergency Contact Form
- Medical History
- Waiver & Release Form
- Food Preferences Survey

Pre-Trip Team Meeting:

Monday, November 23rd, 2009

7:00 – 8:00 pm

Alumni Hall, TWU Campus

A time to meet your team members, ask questions and receive the trip schedule.

RSVP: _____ yes _____ no

Notes:



Food Preferences

Please circle as many preferences as you like!

Breakfast Items

BAGELS: multigrain sourdough cinnamon raisin other _____

CEREAL: cheerios granola fruitloops other _____

MILK: 2% skim soy other _____

JUICE: orange apple grapefruit other _____

COFFEE: yes no maybe other _____

FRUIT: bananas apples tropical other _____

OTHER: yogurt energy bar donuts other _____

Lunch Items

BREAD: white 12 grain wholewheat other _____

FILLING: ham cheese turkey veggies

 egg salad tuna salad other _____

BEVERAGES: pop juice water other _____

Dinner Items

SALAD: caesar tossed salad veggie sticks other _____

MEAT: chicken beef fish other _____

CARBS: potatoes rice pasta other _____

VEGGIES: carrots peas broccoli other _____

Allergies/Cautions (i.e. dislikes) _____

Previous Medical History

Health: I hereby certify that I will make full and complete disclosure in completing the information below. I consent to the release of all information about my medical history to the Coordinator of Alumni Relations, Kelly TeBrinke, and to Dr. Hitchman, TWU Physician.

Signature of applicant: _____

- Allergies - include any adverse reactions to medications, insect bites, latex gloves etc.:

- Current medications - (name, dose, reason):

- Previous surgery - (type, date, ongoing problems):

- Overnight hospitalizations - (date, diagnosis): _____

- Dietary Restrictions: _____

Review of Symptoms: For each section, check the “No Disease” box if applicable or mark any conditions that apply with a “P” (Previous) or “C” (Current) on the line provided. **Further explanation can be recorded in the blank column to the right of this page.**

1. NEUROLOGICAL

- __ Seizures
- __ Blackouts
- __ Migraines
- __ Concussion or Serious head injury
- NO DISEASE**

2. HEART & BLOOD VESSELS

- __ Rheumatic Fever
- __ Heart murmur
- __ Heart Attack
- __ Blood Clots or easy bleeding
- __ Congenital heart defect
- __ Aneurysm
- NO DISEASE**

3. INFECTIOUS DISEASE

Have you ever had/been

- __ Hepatitis
- __ HIV positive

- __ Chicken Pox

NO DISEASE

4. SPECIAL SENSE

- __ Visual Abnormality
- __ Glasses
- __ Contacts
- __ Hearing Loss
- NO DISEASE**

5. RESPIRATORY

- __ Collapsed Lung
- __ Asthma
- __ Tuberculosis
- NO DISEASE**

6. PSYCHO-LOGICAL

- __ Counseling
- __ Medication
- __ Hospitalization

Diagnosis of:

- __ Panic Attacks
- __ Depression
- __ Manic depression
- NO DISEASE**

7. ABDOMINAL

- __ Hernia
- __ Ulcer
- __ Blood in Stool
- __ Ongoing Diarrhea
- __ Gall stones
- __ Kidney stones
- NO DISEASE**

8. OTHER

- __ Diabetes
- __ Thyroid Disease
- __ Bone or joint problems
- __ Back Pain
- __ Eczema or other ongoing rash
- __ Menstrual symptoms interfering with work or school
- __ Chronic fatigue
- __ Unexplained

weight loss

- __ Eating disorder
- __ Heat stroke
- __ Frequent nose bleeds
- __ Alcohol or drug dependence
- NO DISEASE**

Are you aware of any other medical or emotional concern that may interfere with this mission trip?
 ___ Yes ___ No

If yes, please explain in right hand column:

Waiver & Release Form

If you are under 19, this form must be signed by your parent or legal guardian.

I _____, in consideration of the benefits derived from (PLEASE PRINT FIRST & LAST NAME) participation in the trip to take part in a short-term mission and service project administratively organized by Trinity Western University (TWU), do hereby voluntarily release, acquit and forever discharge TWU and its staff and faculty from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in this trip, including personal injury and any medical expenses associated with same.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to me and to my property, and I enter into participation in the trip with knowledge of those risks.

I understand that the trip will officially end **December 13, 2009**. My last day with the team will be _____. Any further travel or expense beyond this date is the participant's responsibility.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in this trip.

I have read and understand the waiver.

Signature (of Participant)

Dated

Signature (of Parent/Guardian, if participant is under 19 years old)

Dated

Emergency Contact Information

Date of last tetanus shot _____

Physical impairments _____

Do you have Canadian Provincial Medical insurance? Yes (please fill in below) No

Name of Insurer (e.g. BC MSP, OHIP, etc): _____

Policy # (e.g. your Care Card #): _____

Please Note: All students are required by law to have some form of Canadian Provincial medical insurance. The University has extended medical insurance that provides adequate coverage over and above your provincial medical plan. However, if you do not have some form of Canadian medical insurance, the University's extended Medical insurance will not cover you and therefore you may not be permitted to participate in this missions trip. Contact Kara Bergstrom in the Global Projects office (604-888-7511 x3169) ASAP if this affects you. You can purchase BC Medical Insurance at the Wellness Centre on campus in Douglas Centre Building.

Participants, who are not students or employees of Trinity Western University, must arrange for their own medical insurance while participating in this services project trip.

Emergency Contact Name: _____

Relationship to you: _____

Home Phone: _____

Work/Other Phone: _____

Your application process is finished! Please check to see if you have . . .

- Read over the forms and filled out all applicable blank spaces.
- Accurately completed all health and emergency contact information
- Signed and dated the waiver form

Agreement

I understand that, if accepted, I am responsible to raise 100% of my portion of team costs.

By signing below I acknowledge that I agree to all of the above statements.

Signature _____

Date signed _____