

Watermark OC Church

Rosarito **May 2019** Homebuilding Trip

INFORMATION & REGISTRATION PACKET

“I want to go build a house! Now what do I do?”

Register!

1. Fill out and submit the attached registration forms, [one per person](#), along with the registration fee. The registration fee is not refundable but can be applied as a scholarship to another person.
2. Please return registration forms & trip fees to: Joe Hill – Watermark OC Church, 3186 Pullman Street, Costa Mesa, Ca 92626

Travel Times

Departure – This trip will leave on Friday morning at 5:30 am from Watermark OC Church.

Return – Sunday, time will vary, estimated time of return is 6pm at Watermark OC Church.

Trip Costs

- **Adults** pay \$225, **youth accompanied with family** pay \$120 towards accommodations, several meals, transportation costs.

Additional/Optional Expenses

Spending money for misc. items such as souvenirs, snacks, any meals before and after entering Mexico.

Serving Profile

We are glad you want to serve with us. Some personal information is needed to volunteer at a Baja Christian Ministries/Watermark OC Church event. This document will help protect all volunteers and service recipients present. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your permission.

This registration is for the Rosarito May 2019 trip.

1. Contact Information

First Name	Last Name	Middle Name
Nickname or maiden name, if preferred	Email address	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Street Address	City, State, Zip	Date of Birth Mo day Year
Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	

Serving Profile

Form A

2. Personal Information

Marital Status Check appropriate box <input type="checkbox"/> single <input type="checkbox"/> engaged <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed	
Spouse First Name	Last Name

3. Emergency Contact Information

First Name	Last Name	Middle Initial
Relationship	Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

Working with Minors (everyone must complete this form) (minors present)

Name: _____

(as it appears on your Driver License or I.D.)

We are glad you want to serve with us. Some personal information is needed to volunteer at a Baja Christian Ministries/Watermark OC Church event with minors present. This document will help protect all volunteers and service recipients present. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your permission. **All fields on this form are required.**

Relationship Parameters with minors

Relationship building, involvement and contact with Baja Christian Ministries/Watermark OC Church participants are to be conducted within the relationship parameters applicable to all sponsored Baja Christian Ministries/Watermark OC Church events. Exceptions may be granted for a specific event and are only made by a Baja Christian Ministries/Watermark OC Church staff member prior to the event.

1. _____ (Initial) Volunteers are never allowed to have contact with service recipients individually or in groups outside of an event without authorization from Baja Christian Ministries/Watermark OC Church. This includes communication in person, email, instant messaging, text messaging, letters, by phone, etc.
2. _____ (Initial) Volunteers are never allowed to have one on one interaction with any minor, regardless of age or sex. There must be a minimum of three people present at all times.

Pending prior authorization, my involvement and contact with the children at a Baja Christian Ministries/Watermark OC Church event will be conducted within the pre-existing ministry teams already established. I realize that any contact with children outside of the constraints of the Baja Christian Ministries/Watermark OC Church relationship parameters or following my service or termination, from any Baja Christian Ministries/Watermark OC event could easily be misinterpreted by the child and his/her parents as still related to Baja Christian Ministries/Watermark OC Church. Should an accident or mishap occur in those circumstances, this confusion could possibly expose Baja Christian Ministries/Watermark OC Church and its staff to potential litigation and possibly jeopardize the ministry.

Behavior Guidelines

1. During this Baja Christian Ministries/Watermark OC Church event, I agree to: respect, cooperate with and follow the directions of the leadership of Baja Christian Ministries/Watermark OC Church; abstain from smoking, the use of alcohol, illegal drugs, and profanity; respect the personal property and space of others; use proper restraint in my conduct and, attitude; and abide by all of the event rules.
2. I understand and agree that if I violate this Agreement in any way I:
 - (a) may be subject to immediate dismissal from the current event (even overseas) and possibly lose my privileges to participate in any future Baja Christian Ministries/Watermark OC event(s); and
 - (b) at my own expense, will reimburse, indemnify, defend and hold Baja Christian Ministries/Watermark OC Church, its employees and volunteers harmless from any cost, expense, obligation, claim or liability resulting from such violation.

Volunteer Consent Waiver and Release

1. In case of any medical emergency occurring while volunteering with Baja Christian Ministries/Watermark OC Church, in which personal judgment is impaired, I authorize any Ministry Leader as my agent to sign for consent to an anesthetic, medical, dental X-ray, surgical diagnosis, or treatment and hospital care for me which is deemed advisable by them. This is to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act, or any dentist, licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at an office of said physician or dentist, at a hospital, or anywhere else. This authorization will remain effective while I am en route to and from, or involved in or participating in, any Baja Christian Ministries/Watermark OC Church program or event, unless revoked in writing by me and delivered to a Pastor or Director of Baja Christian Ministries/Watermark OC.
2. I release and hold harmless Baja Christian Ministries/Watermark OC Church, its employees, and volunteers, and the event facility from all actions, damages, or personal injuries which may occur. I understand in the event of a minor injury I may receive first aid treatment. If my personal judgment is impaired I authorize the event leaders to take whatever action is necessary for my personal safety and health.
3. ~~I give my consent that photographs, and audio/video recordings during the course of the event may be used by Baja Christian Ministries/Watermark OC Church for training, promotion, and fundraising.~~

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Working with Minors form is true and correct. A copy of this document is available upon request.

Signature: _____

Date: _____

Minor Release Form (every person under 18 years old must complete this form – 1 form per person)

Minors under 18 years of age

TODAY’S DATE:

We are glad you want to participate in one of our ministries. Some personal and medical information is needed for you to be involved with Baja Christian Ministries/Watermark OC Church. **Because you are minor, your parent or legal guardian MUST fill out this form.** This document will help protect all volunteers and service recipients present. All information on this form will be kept strictly confidential, stored in a secure location and will not be released without your parent or guardian’s permission.

1. Minor’s Information

First Name	Last Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female
E-mail address	School	Current Grade
Street Address	City, State, Zip	Date of Birth Mo Day Year
Parent/Guardian First & Last Name	Cell phone number ()	Relationship to minor
Parent/Guardian First & Last Name	Cell phone number ()	Relationship to minor
Who does minor live with? (First & Last Name)	Relationship to minor (i.e. parent, guardian, relative, etc.):	

2. Medical Information

Physician’s Name	Physician’s phone number ()	Blood Type
Medical insurance information (Proof of insurance required!) <input type="checkbox"/> none Name: Policy Number:	Date of last tetanus shot mo ____ yr ____ Any reaction? <input type="checkbox"/> yes <input type="checkbox"/> no	
In order to help us take better care of your child, please list any medical conditions and/or medications your child is currently taking and reasons for taking them. Also include any allergies and/or asthma.		

3. Emergency Contact (other than parent)

First Name	Last Name	Relationship to minor
Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	

Minor Release Form (every person under 18 years old must complete this form – 1 form per person)

Minors under 18 years of age**PHOTO RELEASE**

I, _____, understand the photograph(s), video or audio recording(s) taken of the minor listed above by agents, employees or representatives of Baja Christian Ministries/Watermark OC Church shall be used in connection with Baja Christian Ministries/Watermark OC Church dissemination of information about its religious services, ministry and educational activities and programs. I hereby irrevocably authorize and give permission for Baja Christian Ministries/Watermark OC Church to copy, exhibit, publish or distribute any and all such images and audio of this minor or where in s/he appears, including composite or artistic forms and media, for purposes of publicizing Baja Christian Ministries/Watermark OC Church programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein this minor's likeness appears. I hereby hold harmless and release and forever discharge Baja Christian Ministries/Watermark OC Church from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

LIABILITY RELEASE

I hereby release, forever discharge and agree to hold harmless Baja Christian Ministries/Watermark OC Church, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above stated minor that occur during any activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify Baja Christian Ministries/Watermark OC Church, its directors, employees or volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

I, _____ parent or legal guardian of _____, herein authorize the adult sponsor of Baja Christian Ministries/Watermark OC Church, to consent to any X-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This authorization given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective until _____ (date needed).

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information provided on this form is true and correct.

Parent/Guardian name (printed): _____ Date: _____

Parent/Guardian signature: _____

PARENT/GUARDIAN TRAVEL AUTHORIZATION (IF APPLICABLE)

I give permission for _____ to enter the country of _____ with a group from Baja Christian Ministries/Watermark OC Church under the leadership of a designated Baja Christian Ministries/Watermark OC Church staff or volunteer leader.

Because the above referenced minor is under the age of eighteen (18) years, I give my consent as indicated by my signature at the bottom of this document. I understand that this group is working under the ministry of the organization called _____ and has been invited by this organization to enter the country as their guest to participate with them in a cross-cultural service project. I further understand that my child has been instructed as to the culture, laws and regulations of the country above and will comply with all of these instructions. I recognize that the conditions in some of the places to which s/he will travel are not of the same standard as the conditions to which s/he is accustomed. I realize further that there are certain health risks as well as other risks to him/her and his/her property, and s/he enters into participation in the trip with knowledge of those risks.

Parent/Guardian name (printed): _____ Date: _____

Parent/Guardian signature: _____

Adult Medical Information – MEXICO (everyone must complete this form)

Name: _____
(as it appears on your Driver License or I.D.)

General Medical History

All information listed below will be kept confidential. The information provided below will help us provide adequate medical attention and/or treatment should the need arise during the trip.

If you answer "yes" to any of the following questions, please explain in the space provided below:	
Do you have, or have you ever had, seizures? If yes, are your seizures well controlled on meds: <input type="checkbox"/> Yes <input type="checkbox"/> No When was your last seizure? / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a heart attack or stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have diabetes? If yes, do you have: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have food, drug or environmental allergies? If yes, describe the severity below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have asthma? If yes, is your asthma <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other chronic health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your overall health <i>and</i> provide comments for any of the above questions to which you answered "yes": _____ _____ _____ _____	

List any medications you are currently taking and reasons for taking them: _____ _____	
What is your medical insurance name and policy number? <input type="checkbox"/> none Name: _____ number: _____	What is your blood type? <input type="checkbox"/> Unknown
Additional comments: _____ _____ _____	

Emergency Contact Information		
First Name	Last Name	Middle Initial
Relationship	Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

Baja Christian Ministries/Watermark OC Church

Waiver of Liability

THE UNDERSIGNED, desiring to participate in the activities, programs and ministries promoted and/or facilitated by or through BAJA CHRISTIAN MINISTRIES/WATERMARK OC CHURCH, hereby agrees to assume any and all liability for the undersigned's acts or missions in the course of the activity participated in by the undersigned, and further relieves BAJA CHRISIAN MINISTRIES/WATERMARK OC CHURCH, its officers, Board of Directors, agents and any and all other persons associated with or operating through BAJA CHRISTIAN MINISTRIES/WATERMARK OC CHURCH of and from any and all liability for injuries occurring in the Continental United States or outside of the Continental United States, and agrees to indemnify and hold BAJA CHRISTIAN MINISTRIES/WATERMARK OC CHURCH, it officers, Board of Directors and agents harmless for any and all damages or injuries which may be caused by the undersigned in the course of participation in activities sponsored, promoted or participated in by BAJA CHRISTIAN MINISTRIES/WATERMARK OC CHURCH. The undersigned understands that these waivers and releases herein cover each and every member of the undersigned's family and the undersigned's agreement in these waivers and releases is a precondition to the undersigned's participation in activities sponsored, promoted or participated in by BAJA CHRISTIAN MINISTRIES/WATERMARK OC CHURCH.

Integrity Agreement

I, the undersigned, know and understand that it is ILLEGAL to bring into Mexico:

- USED CLOTHING AND SHOES
- ANY TYPE OF DRIED BEANS OR RICE
- ANY LIVE ANIMALS
- FROZEN MEATS, FISH OR POULTRY FOR DISTRIBUTION IN THE COMMUNITIES
- FIREARMS AND AMMUNITION
- GASOLINE IN A GAS CAN OR OTHER CONTAINER

I promise that I WILL NOT bring these items into Mexico on my mission trip with Baja Christian Ministries/Watermark OC Church. I understand that by doing so, it WILL jeopardize the border relationship with Baja Christian Ministries/Watermark OC Church. I promise that I will not sneak them in my suitcase and give them away when I reach my destination, nor will I hide them in my vehicle.

If I am driving a vehicle, I promise that I will hold all persons in my vehicle accountable to this agreement. I promise that if I have some of these items in my vehicle that another person has unknowingly brought along, I will tell the BCM staff that is assisting our border crossing and promptly dispose of them before crossing the border.

Full Name (as it appears on your Driver License or I.D.) <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth Mo Day Year
Church Group Name Watermark OC Church	Date of Trip with BCM May 17, 18, 19, 2019

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained on this form is true and correct.

Signature: _____

Date: _____

If minor, parent signature: _____

Carpooling

- I can drive Yes No and take _____ additional people in my vehicle to Mexico.
- I have a TOTAL of _____ working seat belts in my vehicle.

My T-shirt size is:

- ___ Youth Medium
- ___ Youth Large
- ___ Adult Small
- ___ Adult Medium
- ___ Adult Large
- ___ Adult X-Large
- ___ Adult XX-Large
- ___ Adult XXX-Large