



El Refugio Fundación, A.C.

RFC: RFU 091208 GG1

Registration Form

Please print clearly

Group Name or Leader: _____ Dates at El Refugio: _____

Name _____ Age ____ Date of Birth _____

Mailing Address _____

City _____ Province/State _____ Postal/Zip _____

Email _____ Phone #(____) _____

Facebook _____

Parents Names _____ Work Phone (____) _____

(if under 18)

Parents Address _____

Cel Phone (____) _____ Home Phone (____) _____

Other Emergency Contact Name _____

Emergency Contact Phone #(____) _____

MEDICAL *All individuals must have out of country travel insurance*

Health Insurance Company _____

Phone # (____) _____ Policy # _____

Name of insured _____

Family Doctor _____ Phone #(____) _____

Date of last tetanus shot (must be current) _____

If you have had any medical problems, special medications, allergies, allergies to medications, or have had major illness or surgery within the last twelve months, please note them below. (please use back if more space is required)

Note: If you are bringing a prescription into the US and Mexico you will need to have the prescription label on the medicine that you are carrying.

Could you serve as an interpreter? Yes No

Please list skills that you would be willing to use to help in the ministry while you are here (sewing, construction, crafts, cooking, hairdressing, computer skills etc.)

Do you have the proper documentation/passport to travel in and out of US and Mexico? Yes No



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Name of team member _____

LIABILITY and PHOTO and VIDEO RELEASE

I/we, _____, hereby release **EL REFUGIO FUNDACIÓN A.C.**, it's officers, directors, employees, agents, volunteers, and Randy and Sandra Huebert from any and all liability whatsoever arising out of any injury, damage, or loss which may be sustained by the applicant named on this form during their participation with **EL REFUGIO FUNDACIÓN A.C.** and including travel. in vehicles owned and used by El Refugio Fundacion, A.C. and Randy and Sandra Huebert to and from San Diego, to and from ministry sites and/or construction sites and all other activities.

In the event of an injury or illness, I/we hereby give **EL REFUGIO FUNDACIÓN A.C** directors, staff and/or volunteers permission to secure necessary medical treatment, and I/we relieve **EL REFUGIO FUNDACIÓN A.C** of any and all liability in such an event and I/we assume total cost for all medical and emergency costs incurred during the trip. I/we understand that I/we are responsible for obtaining proper medical and travel insurance.

I/we, _____, also authorize **EL REFUGIO FUNDACIÓN A.C.**, it's officers, directors, employees, agents, volunteers, and Randy and Sandra Huebert, the right and permission to use, reproduce and/ or publish, without compensation, photographs and/or video taken that may pertain to myself or in the case of a minor, my child _____.

Applicant's Signature _____ Date _____

If team member is under 18 years:

Parent's Name (please print) _____

Parent's Signature (if under 18) _____ Date _____