

NIKO Application



Youth With A Mission St. Croix NIKO Registrar

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Christiansted, VI 00820
340-778-7373
NIKO@ywamstcroix.org

Section A: General Information

Full Legal Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email: _____ Gender: _____

Age : _____ Marital Status (Circle): Single/Engaged/Married/Divorced/Widowed

T-Shirt Size Youth: __8-10 __10-12 __14-16 Adult: __S __M __L __XL

EMERGENCY CONTACT NAME: _____

Relationship _____

Phone () _____ () _____ () _____
Home Cellular phone Work

Section B: Personal Information

1. Describe your relationship with God. _____

2. If I could change something about your relationship with God, what would it be?

3. What is your main motive for doing NIKO? What are you hoping to get out of it?

4. Have you ever participated in a YWAM or King's Kids school/camp/outreach Before? YES/ NO

When & Where: _____

5. Do you consider yourself a leader? YES/NO Please Explain your answer:_____

6. List three of your strengths and three of your weaknesses.

Strengths

Weaknesses

7. How would you define a "team?" _____

8. Please give a short summary of your testimony. How you came to have a personal relationship with Jesus.

Section C: Medical Information

Blood Type: _____ Weight: _____ Height: _____

Primary Physician: _____ Phone Number: _____

Primary Health Insurance: _____ Policy #: _____

Do you have any of the following?

<input type="checkbox"/> Artificial Valves Or Defective Valves	<input type="checkbox"/> Wets Self In Bed
<input type="checkbox"/> Congenitive Heart Disease	<input type="checkbox"/> Skin Eruptions
<input type="checkbox"/> Cardiovascular Illness, Heart Attacks	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Chest Pains During Exercise	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Hepatitis, Type? _____
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Allergies, Explain: _____	<input type="checkbox"/> Stomach Ulcers
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Gastritis
<input type="checkbox"/> Problems With Kidneys	<input type="checkbox"/> Dizzy Spells
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Headaches	<input type="checkbox"/> Abdominal Pains
<input type="checkbox"/> Bruise Easily	<input type="checkbox"/> Special Diet, Explain: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Get Fatigued When Exercise

Please answer YES or NO to the following questions. Answers will be confidential.

- Are you in good health? YES/NO
- Are you under any medical treatment? YES/NO Explain: _____
- Do you exercise? YES/NO What Type? _____ Frequency: _____
- Are you taking any of the following medications?
 Antibiotics Tranquilizers Medicine for Blood Pressure Cortisone Aspirin
 Insulin Others: _____
- Are you allergic to any medications? List: _____
- Women: Are you pregnant? YES/NO
 Do you have problems with your menstrual cycle? YES/NO
 Do you take birth control pills? YES/NO
 Are you taking medication for menstrual pain? YES/NO
- Do you have any medical condition not mentioned that requires regular medical treatment?
 YES/NO Explain: _____

I certify that the information that I provided is correct and for my own benefit and that this information will be strictly confidential to be used by the Youth With A Mission (YWAM) staff. If I omit information or state information that is false, I will not hold YWAM or its staff responsible for any damage or disciplinary action deemed necessary. YWAM reserves the right for admission or suspension if you do not meet these requirements.

 Applicant Signature / Date

 Parent/Guardian Signature / Date

Section D: Legal Releases

(Parents must sign for participants under 18 years of age (If you are over 18, sign where it says “father”))

Consent for Treatment

I/We authorize medical treatment and/or surgery and/or the use of anesthesia for our son/daughter _____ in the case that, in the opinion of the Physician, it becomes necessary to intervene on his/their behalf. I/We, through this medium, authorize the leaders of King’s Kids/Youth With A Mission St. Croix, or the appropriate staff member of this organization to take any medical decision in representation of ourselves, with their best discretion, while my son/daughter participates in the activities of King’s Kids/NIKO training, a ministry of Youth With A Mission.

_____	_____	_____
Printed Name	Father/Guardian Signature	Date
_____	_____	_____
Printed Name	Mother/Guardian Signature	Date

Consent For Discipline

If my son/daughter _____ violates the standards of commitment of Youth With A Mission to the point of correction, if necessary, by means of discipline, I/We, through this medium, authorize the leadership and staff of King’s Kids/Youth With A Mission to administer the discipline deemed appropriate. I/We authorize the leaders mentioned above to call us to determine any other disciplinary steps that need to be taken. If no change is seen in response to the discipline, I/We authorize the leaders, as they see fit, to send my child home at my own expense, without reimbursing any of the program cost.

_____	_____	_____
Father/Guardian Signature (With legal custody)	Mother/Guardian Signature (With legal custody)	Date

Consent Agreement & Liability Release

I/We grant the authority for my/our son/daughter _____ to participate in the King’s Kids training sponsored by Youth With Mission. We understand that his/her participation is voluntary and that he/she has the good physical health necessary to participate in the activities and the intense schedule entailed in this camp. I relieve YWAM, it’s officials, staff, assistants, and institutions of all legal responsibility which can result as a consequence of accidents, damage, injury, or loss that may occur to my son/daughter throughout the duration of their attendance or participation in this YWAM NIKO training. I/We do not hold YWAM St. Croix responsible for loss, theft, or damage of personal belongings in the accommodations provided by YWAM.

_____	_____	_____
Father/Guardian Signature (With legal custody)	Mother/Guardian Signature (With legal custody)	Date

Section E: Medical Exam (to be filled out by your doctor)

_____ is applying for acceptance into

Applicants Name

Youth With A Mission, NIKO Camp; an intense camp with activities and hours that require good health. This evaluation would be taken into consideration for acceptance, due to the intensive activities. Please fill out the form below as well as anything that you deem applicable.

	Normal	Abnormal	If Abnormal: Explain
Head			
Ears			
Nose			
Throat			
Neck			
Thorax			
Cardiovascular			
Lungs			
Abdomen			
Genito-Urinary			
Muscle-skeletal			
Neurological			
Skin			

- Does he/she suffer from any contagious illness? _____
- Are they taking prescriptions? Which one? For what medical condition?

- Does the applicant have any allergies?

- Are they able to walk 8-11 miles daily? [] Yes [] No
- Do you have any concerns about the applicant's health?

- Other comments:

Doctor's Name: _____ Lic.# _____ Date: _____
 Doctor's signature and stamp: _____
 Doctor's address: _____ Phone: _____