

## Team Registration Info

**MISSION:** Bringing our team and the poor together cross-culturally to serve others, share the Good News, and encounter God by using our talents, gifts, and passion.

**TEAM NBR:** \_\_\_\_\_ (Get this from SOTK)

**TRIP DATES:** \_\_\_\_\_ with additional days available at an extra cost TBD.

**WHO CAN GO:** Individuals age 14 or older or families with children age 10 or older are welcomed to join our team. All team members should know that we are a Christian Faith based organization. For minors that will not be accompanied by a parent on the team, a completed and signed Parental Release form will be required.

**WHAT WILL WE DO:** Team members will participate in daily team activities such as ministry work, prayer, worship service, devotions and supporting team efforts not withstanding any physical limitations.

**ITINERARY:** Flight info and or time needed to be at the airport will be provided. Team members will fly into Santo Domingo International (SDQ) airport. We will be picked up and transported to the town of Las Terrenas in the Samana Province. The team will head out to ministry sites Monday-Friday. There will be opportunities to enjoy the beauty of God's creation and other activities during periods of free time.

**LANGUAGE:** Spanish is the language of the Dominican Republic; however, we have translators on all of our teams. Please don't let this be a stumbling block for you.

**HOUSING:** We will be staying in a safe, clean, and comfortable hotel. All apartments have a kitchen, 2 bedrooms and baths. Team members will likely share a room.

**COST:** The team fee is \$900 plus airfare and travel insurance. (Airfare & insurance typically costs \$400-\$800 depending on your location.) Meal costs are included except while traveling. Travel Insurance is required for all team members. Souvenirs, excursions, and other non-essential expenses are not included.

**DEPOSIT:** A \$100 non-refundable deposit per person is required to hold your place on the team. All payments should be sent to the address provided below.

**PASSPORT:** A current passport is required for this trip. Please allow for processing time if you don't have one already.

**Please fill out, sign, and return the forms below to SOTK as soon as possible.**

The forms can be returned to us via mail (address at the top of the page) or you can copy/scan/photo them and email them to us at [info@sowersofthekingdom.com](mailto:info@sowersofthekingdom.com)

**\*Note:** There is information at the end of this document regarding suggested things to include when you are packing and details on dress (especially for women) for times you are at ministry sites and when you are not. Please take time to read these and plan accordingly. Remember, you are allowed one checked bag (up to 50 lbs) and one carry-on bag, so whatever you bring must fit in that.



## Team Registration Form

(\*Note: One registrant per form.)

Date: \_\_\_\_\_

I \_\_\_\_\_ would like to participate in the following mission trip to the Dominican Republic with Sowers of the Kingdom.

**TEAM NBR:** \_\_\_\_\_ (Get this from SOTK)

**TRIP DATES:** \_\_\_\_\_

A non-refundable deposit of \$100 is required to hold my place on the team. This deposit can be made by including a check with your signed forms (checks to be made payable to Sowers of the Kingdom) or by going to our website and paying your deposit there. Please indicate how you will pay your deposit:

- I have made payment online on the website.
- I have included a check with this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

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

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

Team shirt size (S) (M) (L) (XL) (XXL) (XXXL)

I will attend this outreach and adhere to all guidelines and requirements set forth by Sowers of the Kingdom.

\_\_\_\_\_

(signature)



## Waiver of Liability & Release

In consideration of being allowed to participate in the trip sponsored by Sowers of the Kingdom and in consideration of the benefits to be derived there from, I hereby release Sowers of the Kingdom and its present and former officers, directors, employees, agents and their heirs, administrators, executors, successors and assigns from all claims and liabilities of any kind, where known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor children, in the trip.

I recognize that the conditions in some of the places to which I, my spouse, or my children 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 personnel and property, and I enter into participation in the trip and agree to the participation of my spouse or minor child with the knowledge of those risks. If for any reason I or my spouse or child is unable to complete the planned stay at the project, I assume full responsibility for expenses incurred for me or my spouse or my children in their safe return home.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me or my spouse or my children to consent to: any x-ray examinations; medical, dental or surgical diagnosis treatment; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at the office of a doctor or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of a lawful age and competent to agree to this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damage, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof; which result from the matters hereinbefore inferred as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles.

Please fill out the fields below and sign:

1. Name of participant: \_\_\_\_\_

2. Parent or Guardian (if applicable): \_\_\_\_\_

3. Relationship to Minor: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Date: \_\_\_\_\_

6. I agree to accept the terms of this waiver YES \_\_\_\_\_

7. Signature: \_\_\_\_\_



## Parental Consent & Medical Authorization

Parents and/or legal guardians of children under the age of 18 are asked to complete this form and return it to SPTK. The information is designed to assist SOTK in providing for the safety of your child during SOTK sponsored activities. Its consent is considered confidential and will be used only by those adults who have charge of activities in which your child participates.

### General Information

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:    MALE        FEMALE

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

Child's Cell Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Additional Emergency Contact 1: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_



**Health History** (please check all that apply)

- Asthma                       Seizures                       Emotional/Behavioral Disability
- Disability                       Cardiac                       Digestive                       Sleep Disturbances
- Diabetes                       Motion Sickness                       Mental Illness                       Physical Disability
- Vision/Hearing Impairment                       Appliances (retainers, contact lens)
- Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

If any of the above are checked, please give details:

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Does the child require a special diet?      Yes      No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does the child use an inhaler?      Yes      No

Is the child taking a prescription or non-prescription medication?      Yes      No

If yes, please answer the following:

1. Medication: \_\_\_\_\_

Dosage & Frequency of dosage \_\_\_\_\_

2. Medication: \_\_\_\_\_

Dosage & Frequency of dosage \_\_\_\_\_

3. Medication: \_\_\_\_\_

Dosage & Frequency of dosage \_\_\_\_\_



## Statement of Consent

I, the undersigned, parent or legal guardian of \_\_\_\_\_ do hereby consent to any x-ray exam, anesthetic, medical diagnosis or treatment and hospital services that may be rendered to said minor, under the general or specific instructions of \_\_\_\_\_ (name of child's physician) or, if unavailable, to on-call physicians at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said treatment.

I agree to notify Sowers of the Kingdom in the event of any health changes that would restrict my child's participation in any normal SOTK activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capability of my child.

This consent will remain effective until 31st day of December, 2019 delivered to said persons entrusted with the care, custody, and control of said minor child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by SOTK.

***(Do not sign except in the presence of the Notary.)***

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of the Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Dated: \_\_\_\_\_

Seal of Notary:

Sowers of the Kingdom  
PO Box 50759  
Summerville, SC 29485



## Photo Release Form

I \_\_\_\_\_, give permission for Sowers of the Kingdom to use photos and/or videos of myself and/or my child on their website, for advertising, and/or for presentations.

\_\_\_\_\_

Name (print)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## Suggested Packing List

If you are traveling with other family members, try to minimize duplicate items wherever practical (check with your roommates too). Remember to pack light and pack tight.

- BIBLE (a good thing to have)
- PASSPORT
- MONEY
- Bandana, handkerchief
- Basic toiletries
- Bathing Suit
- Camera/Cell Phone
- Casual clothes for travel and free time
- Casual footwear during free time, sandals are ok
- **DEET**
- Eyeglasses or contacts (spare set)
- Hat for minor protection from debris, sun & rain
- Medications including minor pain reliever, immodium
- Pillow (optional, if you are particular)
- Plastic bags for laundry
- Rain jacket/windbreaker (expect rain and be ready)
- Sunscreen
- Socks & Underwear
- Work clothes such as t-shirts, light pants and or capris for the women
- Shorts for women at the worksites is strongly discouraged
- Work shoe or sturdy sneakers
- **A Great Attitude**
- **A Humble Heart**



## Additional Dress/Packing Info For Women

### Dress for Church:

- Skirt or dress (possibly 2 services) – knee length or below
- Sleeveless blouses are ok if modest
- Tank tops, low cut blouses, spaghetti straps or short skirts are not okay

### Dress for Medical/Dental Clinics:

- Capris. long shorts and scrubs are all acceptable
- Shorts above the knees are not okay
- Comfortable T shirts, medical smocks, scrubs are ok
- Closed toe shoes (i.e. sneakers) are best but sturdy sandals are ok
- Exam gloves will be available if you want them

### Dress for VBS:

- Neat and comfortable clothes such as long shorts, capris
- Comfortable shirts and shoes (closed toe may be a good idea)

***\*Note: The ministry sites can be dirty and if it has rained, muddy.***

### Down Time:

- Bathing suits: (one piece or tankinis) bikinis are not permitted
- Sandals
- Hats (opt.)
- SUNSCREEN IS A MUST
- Sweatshirt or light coat (you probably won't need this but you may have it for the flight anyway).
- You will probably not wear any long pants while you are not at a ministry location.

It will be very warm and humid in Las Terrenas. It may be very breezy and there will probably be quick, daily rain showers.

The beaches in front of the hotels are very clean and well kept. We walk barefoot on them. Always wear shoes in town or on the ministry sites where sanitation, cleanliness and safety can be an issue.

Attire is almost always casual in Las Terrenas. Even if you go out to dinner you will not need to dress up. We suggest you leave your heels, make-up and jewelry at home.

Laundry service may be available

**REMEMBER: You have only one suitcase (less than 50 lbs.) and your carry on.**