



# SCORE INTERNATIONAL

Application / Medical Release Form



Do you have a passport?  
 Yes       No

Shirt Size  
 AS    AM    AL    AXL    AXXL

All minors must carry a notarized Parental Consent Form with them to the airport.

TO PAY BY CREDIT CARD, contact SCORE directly (423) 894-7111

**FCA International Missions & SCORE**  
**Joey Potter – Regional Director FCA Missions**  
**239-292-4178**  
**[jpotter@fca.org](mailto:jpotter@fca.org)**

Dates of SCORE Trip \_\_\_\_\_ Group Name \_\_\_\_\_

1. Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 (FIRST NAME As Appears on Passport. NO NICKNAMES.)

2. Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_

4. Single \_\_\_\_\_ Married \_\_\_\_\_ 5. U.S. Passport Number \_\_\_\_\_

6. Names of Parents (or guardians) \_\_\_\_\_  
 Parent Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_

**By signing below I agree to the following:** SCORE International has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so while on the trip. I will not hold SCORE International responsible for sickness or accidents which may occur while on the trip.

Please indicate any pertinent information we should have concerning any medical problems you may have: \_\_\_\_\_

Are you allergic to any form of medication? NO \_\_\_\_\_ YES, what kind? \_\_\_\_\_

Any food allergies? NO \_\_\_\_\_ YES, what kind? \_\_\_\_\_

Please give us the following information concerning your family insurance protection:

a. Insurance Company \_\_\_\_\_

b. Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Do you have any history of Heart Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if under 18): \_\_\_\_\_ Date \_\_\_\_\_