



## KING'S KIDS

PUERTO RICO

A Ministry of Youth With A Mission

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## NIKO

Dear Applicant,

We are very pleased that you are interested in participating in our 5 days of surviving in the NIKO, sponsored by King's Kids of Puerto Rico, a ministry of Youth with a Mission, to take place from **July 26 to 31, 2013**.

We believe that youth play an important role in completing God's plans in this century. We are seeking young people who genuinely want to know God better and love Him with all their hearts.

**This is not a time for just having fun or entertainment.** NIKO is a camp directed at developing Christian character, knowing God in an intimate way to make him know to others and knowing yourself better. In order to accomplish our objectives we run a very rigorous schedule. We rise very early and each hour of the day is regulated by a strict schedule.

We are sending you the application so that you can complete and submit it as soon as possible to the address indicated above. The following forms are part of the NIKO application:

- 1- Health History
- 2- Medical Exam
- 3- Signed Consent Forms

Applications are handled as follows:

1. Submit your completed application with Health History and signed Consents. Incomplete applications will not be considered.
2. Once you've received notification that you've been accepted send a deposit of \$50.00 dollars. The cost of the camp is **\$ 195.00** dollars and the remainder is due at registration on the evening that the camp starts.

The NIKO camp starts at Friday on **July 26 to 31, 2013** at 6:00 P.M. It will be five challenging and intense days dedicated to spiritual teaching, developing decision making skills, teamwork and serving others.

We look forward to hearing from you. God Bless You!

In His service,

Irving Pérez

Active Leadership Team, YWAM PR

## PERSONAL INFORMATION

PHOTO 2X2

Name \_\_\_\_\_ Sex \_\_\_\_\_  
First Name Last Names

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

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Residence Cellular phone City, State Zip Code

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_\_  
Month/Day/Year City State Country

Citizenship \_\_\_\_\_ Visa Number \_\_\_\_\_ Country \_\_\_\_\_

Passport Number \_\_\_\_\_ Expedition \_\_\_\_\_ Expiration \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Divorced

T-Shirt/Polo Size young: \_\_8-10 \_\_10-12 \_\_14-16 adult: \_\_S \_\_M \_\_L \_\_XL

## PERSONAL

YWAM Operates as a family. For this reason we do not permit relationships that are romantic in nature. Do you accept this rule?  Yes  No

YWAM reserves the right to refuse acceptance on the basis of noncompliance of the rules set by the organization. Cellular telephones and Beepers are not permitted.

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Name Last Name

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

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cellular phone Work Country Postal Code

## CHURCH INFORMATION

Name of the Church you attend \_\_\_\_\_

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

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you attended? \_\_\_\_\_

## EDUCATION

Grade \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

School Principal \_\_\_\_\_ Languages: \_\_\_\_\_

Abilities and talents: \_\_music \_\_dance \_\_theatrical \_\_sports \_\_first aids \_\_other: \_\_\_\_\_

## PREVIOUS EXPERIENCE IN YWAM OR KING'S KIDS

Have you ever participated in any missionary outreach, any Youth with a Mission or King' Kids Program?

\_\_\_\_Yes \_\_\_\_No Specified: Niko\_\_\_\_ DTS \_\_\_\_ King's Kids Training \_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Leader's Name: \_\_\_\_\_

How you know about this training? Who referred you? \_\_\_\_\_

## SELF EVALUATION

**We would like to know what you think about yourself:** You are

Talkative /Frank  Friendly/Extroverted  Very Quiet  Shy  Loner

**Most mornings I wake up:**

With a lot of energy  Happy  Various moods  Irritable  Grouch

**When my mother asks me to do something:**

I do it and ask what else I can do.  I do it right away.  I finish what I'm doing then I do it.

I say I'll do it but then I forget to.  I ask "Why do I have to?"

**Generally I keep my room:**

Immaculate  Clean but comfortable  Somewhat disorderly  Disaster Zone

**If something I was hoping for doesn't happen I:**

Pretend it was not important  I get angry but it passes quickly  I complain  I feel bad for a long time

**If I could change anything in my life I would change**

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## Health History

(To be completed by the Applicant)

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

Weight: \_\_\_\_\_ Height : \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Primary Health Insurance: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please answer **Yes** or **No** to the following questions. Answers will be strickly confidential.

1- Are you in good health?  Yes  No

2- Are you under medical treatment?  Yes  No

If yes, specified your condition and treatment \_\_\_\_\_

3- Do you or have you had any of the following? (Mark with a )

- |  |  |
|--|--|
| <input type="checkbox"/> Artificial Valves or defective Valves | <input type="checkbox"/> Wets itself in bed          |
| <input type="checkbox"/> Congenitive Heart Disease             | <input type="checkbox"/> Skin eruptions              |
| <input type="checkbox"/> Cardiovascular illness, Heart attacks | <input type="checkbox"/> Convultions                 |
| <input type="checkbox"/> Chest pains during excercise          | <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 easlily                        | <input type="checkbox"/> Special Diet Explain: _____ |
| <input type="checkbox"/> Asthma                                | <input type="checkbox"/> Get fatigue when excercise  |

4- Do you use any of the following:

Special Shoes  Hearing Aides Others : \_\_\_\_\_

5- Do you exercise?  Yes  No What type? : \_\_\_\_\_ Frequency \_\_\_\_\_

6- Are you taking any of the following medications? (please mark with a ✓)

Antibiotics  Tranquilizers  Medicine for the pressure

Cortisone  Aspirin  Insulin

Others : \_\_\_\_\_

7- Are you allergic to some of this medications? (please mark with a ✓)

Insulin  Aspirin  Codine  Penicilin

Antibiodics specify : \_\_\_\_\_  Others: \_\_\_\_\_

8- Blood type : \_\_\_\_\_

9- Women Only: 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 takin medication for menstrual pain?  Yes  No

Specify: \_\_\_\_\_

10- 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 staff. If I omit information or state information that is false I will not hold Youth With A Mission or its staff responsible for any damage or disciplinary action deemed necessary. Youth With A Mission reserves the right for admision or suspension if you do not meet these requirements.*

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Parent/Guardian Signature / Date

### FAMILY FACTS

The following questions are for the sole purpose of getting to know you, they will not be considered in the acceptance process. Please be honest and sincere.

1. Do you live with both parents? Yes  No

If the answer is **no**, please explain: \_\_\_\_\_

2. How you relate with the following persons?

	Very good	Good	regular	bad
father				
mother				
siblings				

3. If you could change something about your relationship with your parents, what would it be?

4. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

### MY RELATIONSHIP WITH GOD

Have you invited Christ to live in your heart? Yes  No

How and when? \_\_\_\_\_

If you could change something about your relationship with God, what would be? \_\_\_\_\_

**MEDICAL EXAM**  
**To be filled out by the Doctor**

\_\_\_\_\_ is applying for acceptance into  
 Applicants Name \_\_\_\_\_

Youth With A Mission, an organization with intense activities and hours that require good health. This evaluation would be taken into consideration for acceptance, due to the intensive activities. Conduct your evaluation on the following points:

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

Do he/she suffer from any contagious diseases? \_\_\_\_\_

Are they taking Prescriptions? Which one? For what medical condition? \_\_\_\_\_

\_\_\_\_\_

Are they able to walk 8-11 miles daily? [ ] Yes [ ] No

Doctor's Name \_\_\_\_\_ Lic.# \_\_\_\_\_

Doctor's signature and stamp \_\_\_\_\_

Doctor's address \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTAL CONSENT FORM  
FOR MINORS UNDER 21 YEARS**

**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 their behalf. I/We, through this medium, authorize the leaders of King's Kids/Youth With A Mission of Puerto Rico, Lyssette Ruiz and/or Yarley Niño, 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 this King's Kids of P.R. training, a ministry of Youth With A Mission.

Parents/ Guardian: _____	_____	____/____/____ day mon yr
Name	Father/Guardian Signature	
_____	_____	____/____/____ day mon yr
Name	Mother/Guardian Signature	

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**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 collect via telephone, 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 camps cost.

Parents/ Guardian: _____	_____	____/____/____ day mon yr
Father/Guardian Signature (With legal custody)	Mother/Guardian Signature (With legal custody)	

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**CONSENT AGREEMENT**

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 training. I/We do not hold YWAM P.R. responsible for loss, theft, or damage of personal belongings in the accommodations provided by YWAM.

_____ Fathers/Guardians Signature	____/____/____ day mon yr
_____ Mothers/Guardians Signature	____/____/____ day mon yr