



NIKO APRIL 3-7, 2023

A MINISTRY OF YOUTH WITH A MISSION, SANTIAGO DOMINICAN REPUBLIC

Dear Applicant,

We are very pleased that you are interested in participating in our 5 days of adventure in NIKO, a ministry of Youth With A Mission, to take place from April 3-7th in Santiago, Dominican Republic.

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 being entertained. NIKO is a camp directed at developing Christian character, knowing God in an intimate way to make him known 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 YWAM Santiago. The cost of the NIKO itself is \$100 US. For those needing meals and accommodation before and after the camp please plan for \$25 a day. In the event of airport pickup please email for additional cost information. It's not a bad idea to have a bit of extra spending money.

The following forms are part of the NIKO application:

1. Health History
2. Medical Exam
3. Signed Consent Form

Applications are handled as follows:

1. Submit your completed application with Health History and signed Consent form. Incomplete applications will not be considered.
2. Once you've received notification that you've been accepted send a deposit of \$50US if you have a way to do so. Otherwise pay the full amount upon arrival.

The NIKO camp starts at 9 am on Monday, April 3rd. It will be five challenging and intense days dedicated to spiritual teaching, developing decision making skills, teamwork and serving others. We will finish at 4pm on Friday, April 7th. Pick-up will be at the YWAM house, the same location where we begin.

God bless you.

In His service,

Tobias y Kayla Wahl
NIKO and YWAM Santiago staff
829-961-5944
Email: nikojucumrd@gmail.com

NIKO APRIL 3-7, 2023

DOMINICAN REPUBLIC

BASIC INFORMATION

Name: _____
First Name Middle Name Last Name

E-Mail: _____

Phone#: _____ Phone#: _____
WhatsApp Cell/Other

Sex: _____ Age: _____ Date of Birth: _____
day / month / year

Marital Status: Single Engaged Married Divorced

T-Shirt Size | **Childrens** : 8-10 10-12 14-16 **Adults**: S M L XL

Native Language: _____ What other language(s) do you speak fluently?
_____ (If you speak Spanish fluently you may be in a Spanish speaking group.)

Home Address: _____
Street City Country

Place of Birth: _____ Nationality : _____

Education: Grade/Year _____ School _____

How did you hear about NIKO? Who referred you? _____

**IMPORTANT
PLEASE ATTACH
(OR EMAIL)
A RECENT
PHOTO**

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____
First name Last Name

Phone#: _____
WhatsApp Cell/Other Work

CHURCH INFORMATION

Church you attend : _____ City: _____

Pastors name : _____ Phone#: _____

How long have you attended this church? _____

Does your pastor know that you are attending NIKO? : _____

PREVIOUS EXPERIENCE WITH YWAM OR KING'S KIDS

Have you ever participated in a YWAM, King's Kids, or SUYO school, outreach, or crusade?

Yes No What, when, and where? _____

Have you had any other missions experience? _____

SELF-EVALUATION

We would like to know how to see yourself. You are...

Talkative/Frank Friendly/Outgoing Very Quiet Shy Loner

If you could change something in your life, what would you change? Why? _____

Why do you want to do NIKO? _____

What are you hoping to get out of this experience? _____

What are three of your strengths and three of your weaknesses?

Strengths

Weaknesses

What are some talents that you have? (Ex: sports, leadership, organization, music, etc.)

FAMILY INFORMATION

The following questions are asked for the sole purpose of getting to know you. They are not intended to evaluate you for acceptance purposes. We ask that you be completely honest and sincere.

Do you live with both parents? Yes No If no, explain: _____

Are both your parents christians? Yes No If no, explain: _____

How do you get along with the following people:

Father Very Good Good Regular Not Well

Mother Very Good Good Regular Not Well

Siblings Very Good Good Regular Not Well

If you could change something in your relationship with your parents, what would you change? _____

Fathers Name: _____ Occupation: _____

Mothers Name: _____ Occupation: _____

MY RELATIONSHIP WITH GOD

Have you invited Christ into your life? Yes No

How and when? _____

If you could change something in your relationship with God, what would you change? _____

PERSONAL

YWAM operates as a family. For this reason we do not allow romantic relationships or cliques. Will you abide by these rules during NIKO? Yes No

YWAM reserves the right to deny applications based on the aforementioned items.

HEALTH HISTORY

(To be filled out by the applicant)

Name: _____ Weight: _____ Height: _____ Blood Type: _____

Primary Medical Provider/Doctor: _____ Phone#: _____

Medical Insurance Company: _____ Plan #: _____

Please check Yes or No to the following questions. Your responses will be strictly confidential.

1. Are you in good health? Yes No
2. Are you under any medical treatment? Yes No

If yes, specify condition and treatment: _____

3. Do you have, or have you had, any of the following medical issues? Make an "x" mark if you have/had it, or have been effected by it, in the last six months

- | | |
|---|--|
| <input type="checkbox"/> Artificial valves, defective valves | <input type="checkbox"/> Wets the bed |
| <input type="checkbox"/> Congestive Heart Disease | <input type="checkbox"/> Skin Eruptions |
| <input type="checkbox"/> Cardiovascular diseases (attacks, high blood pressure, coronary) | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chest pain when exercising | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Hepatitis When? : _____ |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Gastritis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Abdominal Pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Easily fatigued when exercising |

If yes, please explain: _____

4. Do you use any personal aid devices? Special Shoes Hearing Aids Other : _____
5. Do you exercise? Yes No What type?: _____ How many hours a week? _____
6. Are you taking any medications? Yes No Explain: _____
7. Are you allergic to any medications? Ibuprofen Aspirin Acetaminophen Penicillin
 Other(s): _____
8. Do you have any allergies or special dietary needs?: Explain: _____
9. Do you have any medical conditions or health problems that were not mentioned? Yes No
Explain: _____

10. *ONLY for women* Are you pregnant? Yes No Do you have problems with your period? Yes No
Are you on birth control pills? Yes No Do you take medicine for menstrual pain? Yes No
Specify: _____

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 admission or suspension if you do not meet these requirements.

Participant's signature / date

Signature of Parents and / or Guardians / date
(If you are under 18)

MEDICAL EXAM

To be completed by the Doctor

_____ (*applicant's name*) is applying for acceptance into 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.

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

1. Do he/she suffer from any contagious illness? _____
2. Are they taking Prescriptions? Which one? For what medical condition? _____

3. Are they able to carry out intense dance and/or aerobic exercise of 3-6 hours daily?
 Yes No Explain if necessary: _____
4. ¿Are they able to carry out intense exercise and training routines, such as playing 3-6 hrs of basketball daily? Yes No Explain if necessary: _____
5. Do you have any hesitations in recommending the applicant for an outdoor adventure camp?
 Yes No Explain if necessary: _____

Doctors Name: _____ Lic.# _____

Doctors Address: _____ Doctors Telephone#: _____

Physician's signature and stamp

CONSENT & RELEASE FORM

Valid from January 1, 2023 thru December 31, 2023

____/____/____

For minors under the age of 18

Date

Name of Father / Legal Guardian
(Print Legibly)

Name of Mother / Legal Guardian
(Print Legibly)

Name of Applicant
(Print Legibly)

CONSENT FOR TREATMENT

I/We authorize medical treatment and/or surgery and/or the use of anesthesia for our son/daughter, (applicant named above) 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 NIKO/Youth With A Mission Santiago, Dominican Republic, Tobias Wahl and/or Kayla Wahl, 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 NIKO training, a ministry of Youth With A Mission.

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Signature of Applicant

CONSENT FOR DISCIPLINE

If I/my son/daughter (applicant named above) 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 NIKO/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 me/my child home at my own expense, without reimbursing any of the camp's cost.

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Signature of Applicant

CONSENT FOR USE OF PHOTOS / VIDEOS

As the parent / legal guardian of (applicant named above), I/we authorize Youth With A Mission (YWAM) Santiago to use photographs and/or digital recordings of the above mentioned person. We acknowledge that these photographs could be used in non-commercial promotional materials such as brochures, flyers, newsletters, audiovisual presentations, and on YWAM Santiago websites.

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Signature of Applicant

CONSENT AND AGREEMENT

I/We grant the authority for my/our son/daughter (applicant named above) to participate in the NIKO 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 Santiago, Dominican Republic responsible for loss, theft, or damage of personal belongings in the accommodations provided by YWAM.

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Signature of Applicant