

Please print this page and bring it with you to YWAM Zomba.

IMPORTANT: If you have worked for YWAM in the past, please arrange for your most recent supervisor to send a Reference Form to the Registrar's office.

Consent for treatment

In the case of an emergency I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Indemnity

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Acknowledgement of financial responsibility

I/we have read and understood the Financial Policy of YWAM Zomba. I/we understand that the payment of the required school fees must be made as set out under "Payment Plans".
Further, I/we agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Applicant's signature

Today's date (DD/MM/YYYY)

If applicant is under 18 years of age, signature of parent/guardian is also required:

Signature of parent/guardian

Today's date (DD/MM/YYYY)

Name of parent/guardian

Physicians Evaluation

This form is to be completed by a doctor for the applicant of the Youth With A Mission (YWAM) Zomba Discipleship Training School (DTS). The programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

 Visual acuity: Without glasses
 /

 With glasses
 /

 Hearing
 /

Are there any abnormalities of the following systems? Please describe fully.

Would he/she be able to walk 5 – 10 kilometers per day? Yes No

Physician's recommendation

- Acceptable without limitations
 Acceptable with limitation
 Not acceptable (should remain where adequate medical care is available)