



# NIKO APRIL 11-15, 2022

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 11-15th 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 Forms
4. COVID-19 release form

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 \$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 11th. 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 15th. 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: nikojumrd@gmail.com

# NIKO APRIL 11-15, 2022

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  
  
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. Have you had Covid 19 or currently have any symptoms? \_\_\_\_\_

11. 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. Has the applicant had Covid, or do they show any symptoms of Covid - 19? \_\_\_\_\_  
\_\_\_\_\_
6. In your opinion, is the applicant in the high risk category for Covid 19? Do they have a significant comorbidity (i.e., pulmonary conditions, cardiovascular disease, Diabetes Mellitus, immunosuppression, etc.)? \_\_\_\_\_
7. 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, 2022 thru December 31, 2022

\_\_\_\_/\_\_\_\_/\_\_\_\_

*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

COVID 19 INFORMATION & RELEASE FORM

Valid from January 1, 2022 thru December 31, 2022

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY
RELATING TO CORONAVIRUS/COVID-19

If participant is under 18, parents/legal guardian must also sign.

I understand and agree that if myself/my camper is showing signs of COVID-19 I will keep them home. I understand if myself/my camper shows signs of COVID-19 while at NIKO, they will be quarantined and a guardian will be required to pick the camper up immediately.

YWAM Santiago cannot guarantee that you or your child will not become infected with COVID-19. Further, attending NIKO could increase your child's risk of contracting COVID-19. The very nature of camp makes social distancing difficult in many situations and impossible in others. By signing the agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms and the above mentioned precautions listed above. I assume the risk that my child, myself, and other family members may be exposed to or infected by COVID-19 by attending any camps and activities at YWAM Santiago, and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at NIKO may result from actions, omissions, or negligence of myself, my child and others, including, but not limited to, YWAM Santiago employees, volunteers, other campers and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injuries to my child, myself, and other family members (including, but not limited to, personal injury, disability or death), illnesses, damages, losses, claims, liability, costs or expenses, of any kind (collectively, "Claims"), that I, my child and our family may experience or incur in connection with my child's attendance at the NIKO camp and program. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless YWAM Santiago, its employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions or negligence of Youth With A Mission Santiago, its employees, volunteers, agents, and representatives, whether a COVID- 19 infection occurs before, during or after participation in the NIKO camp.

Name of Father / Legal Guardian
(Print Legibly)

Name of Mother / Legal Guardian
(Print Legibly)

Name of Applicant
(Print Legibly)

Signature of Father / Legal Guardian

Signature of Mother / Legal Guardian

Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_
Date