



Justin Sullivan A.L.W.F. P.O. Box 720782, Oklahoma City, OK 72172

Thank you for your consideration of playing with The Oklahoma City Ambassadors ministry baseball team. The purpose of this team is two fold. First, to help you grow in your walk with the Lord through discipleship; mentoring and Bible study while you share your faith to the players that attend the baseball clinics that we will be hosting, the youth groups that host us in services and the opponents that we play in tournaments and other games. Second, that every activity is planned with a specific purpose to promote your spiritual growth and allow the opportunity to share Christ with those you touch during this eight week season. We will strive to make this a summer that you will remember for the rest of your life.

The Oklahoma City Ambassadors take baseball very serious while we strive to conduct ourselves in a professional manner and portray Christ like character on and off the field. You will build relationships with your teammates and coaches that you will cherish for a lifetime, you will share experiences with your teammates that can not be found on any other baseball team. We are praying for you and your family as you seek Gods guidance in this decision and look forward a great summer of baseball and ministry.

Attached you will find paperwork that needs to be completed for your participation. Please complete that necessary forms that are required completely and return to the address at the top of the page.

Form Number 2009-1 Must be completed by all applicants.

Form Number 2009-2 Must be completed by applicants that are UNDER the age of 18, signed by your parents and NOTARIZED.

Form Number 2009-3 Must be completed by participants OVER the age of 18, and NOTARIZED.

Form Number 2009-4 Must be completed and returned by your pastor.


Form Number 2009-5 Is a medical report (physical). This is **REQUIRED** of all players. We will accept a copy of your school physical.

Form Number 2009-6 Must be completed by the parents of players UNDER the age of 18. This form authorizes your minor child to travel internationally with our group.

We also require a photo copy of each player's birth certificate, driver's license and passport. All the above paperwork must be completed and returned no later than then May 1, 2009.

Ambassadors Application Form



Please return to :

P.O. Box 720782
Oklahoma City, OK 73172-0782

Name First _____ Middle _____ Last _____

-Must reflect name on passport-

Address _____ City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____ Email _____

Birth Date Month _____ Day _____ Year _____ Birthplace _____ Citizenship _____

Single _____ Engaged _____ Married _____ US Passport Number _____

Name of Parents (or guardians) _____ address _____

Parents email addresses _____

Home Phone _____ Mom's Phone _____ Dad's Phone _____

Schools Attended	Years Attended	Graduated
High: _____		

Coaches Name: _____ Contact Number: _____

Church name and affiliation _____

Address _____ City _____ State: _____ Zip: _____

Pastor's Name _____ Home Phone _____

Address _____ City _____ State: _____ Zip: _____

Briefly describe how and when you were saved: _____

Why do you want to play for the Ambassadors: _____

Signature of Applicant _____ Date _____

Parental Consent and Medical Release Affidavit Of a Minor (under 18)

I/We, _____ and _____,
parents of _____, give our permission to A Life Worth Following
to travel to with the Ambassadors to various tournaments throughout the United States with our child. A Life Worth Following
also has our permission to make any decision regarding medical emergencies in our absence. I/We will not hold A Life
Worth Following responsible for sickness or accidents which may occur while traveling with the Ambassadors. I/We also
realize we are responsible for providing medical insurance for our child.

Please answer the following questions:

Please indicate any pertinent information we should have concerning any medical problems your child might have:

Is your child allergic to any form of medication? No ___ Yes, what kind? _____

Are there any food allergies? No ___ Yes, what kind? _____

Does your child have history of:

Heart problems No ___ Yes, describe: _____

Kidney problems No ___ Yes, describe: _____

Lung problems No ___ Yes, describe: _____

Please provide the following information concerning your family insurance protection:

Insurance Company _____

Group Number _____ Policy Number _____ Phone Number _____

Please provide name and numbers of two people to contact in case of emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

By signing below, the participant (or parent/guardian if participant is a minor) Acknowledge and accepts the risks of physical injury associated with participation in all the activities associated with this summer baseball ministry. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) Accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Participant's Signature _____ Parent's Signature _____

Date _____ Parent's Signature _____

Signatures must be notarized

Date _____



_____, Notary Public

My commission expires on _____

County of _____ State of _____

Medical Release Affidavit (over 18)

I, _____, give permission to A Life Worth Following to make any decision regarding medical emergencies if I am unable to do so. I will not hold A Life Worth Following responsible for sickness or accidents which may occur while traveling with the Ambassadors. I also realize we are responsible for providing medical insurance for myself.

Please answer the following questions:

Please indicate any pertinent information we should have concerning any medical problems you might have:

Are you child allergic to any form of medication? No ____ Yes, what kind? _____

Are there any food allergies? No ____ Yes, what kind? _____

Do you have history of:

Heart problems No ____ Yes, describe: _____

Kidney problems No ____ Yes, describe: _____

Lung problems No ____ Yes, describe: _____

Please provide the following information concerning your insurance protection:

Insurance Company _____

Group Number _____ Policy Number _____ Phone Number _____

Please provide name and numbers of two people to contact in case of emergency:

Name _____ Phone _____ Relationship _____


Name _____ Phone _____ Relationship _____

By signing below, the participant I acknowledge and accept the risks of physical injury associated with participation in all the activities associated with this summer baseball ministry. Except for gross negligence on the part of the sponsor, the participant accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.

Participant's Signature _____

Date _____

Signature must be notarized

	_____, Notary Public
	My commission expires on _____
	County of _____ State of _____

Pastor's or Church Leader's Confidential Reference Questionnaire

_____ has applied and agreed to partner with A Life Worth Following and to play for the Ambassadors. Your name has been given as a reference. Since most of these applicants are complete strangers to us, would you prayerfully ask the Holy Spirit to lead you in answering these questions. Any information given by you will be kept in the strictest confidence.

Are you well acquainted with the applicant? _____

Under what circumstances and for how long have you know him? _____

How would you describe his spiritual qualifications? _____

Do you know any tendency which might hinder his service for God? _____

Have you observed the applicant to have a consistent Christian walk? Please explain: _____

Is the applicant diligent in work and will he accept responsibility? _____

Does he work well with others? _____ Does he respect and respond well to authority? _____

We are not suggesting support from you, but if you were going to support a missionary, is this the kind of a person you would support? _____

Is there anything which you could tell us that might help us to make a more accurate decision before the Lord regarding the applicant? _____

Signature _____

Address _____

Phone _____

Date _____

Please return form to:
A Life Worth Following
P.O. Box 720782
Oklahoma City, OK 73172

Medical Report

This form is to be filled out by a medical doctor. A Life Worth Following will accept a copy of the sports physical of the applicant in lieu of this form.

Name of Applicant _____ Date _____

Physician, please give a general examination and record any abnormality with the following:

Heart: _____

Ears: _____

Eyes: _____

Nose: _____

Throat: _____

Reflexes: _____

Mentality: _____

Nervous System: _____

Emotional Health: _____

Mental Health: _____

Respiratory System: _____

Teeth: _____

Dietary Problems: _____

Allergies: _____

Is this applicant capable of participation in sports? _____

Is this applicant capable of strenuous activity? _____

Does the applicant have epilepsy? _____

Is the applicant a diabetic? _____

Are there any other issue not covered in the above questions that we should be made aware of? _____

Signature of M.D. _____

Address _____

Phone _____

Date _____

AUTHORIZATION FOR FOREIGN TRAVEL WITH MINOR

To Whom It May Concern:

This letter is in relation to my child, _____ [name of child], who is a citizen of the United States of America and a minor born on _____ [specify child's date of birth]. My child holds a U.S. passport with the number _____.

I do solemnly swear that I have legal custody of my child and that no pending divorce or child custody proceedings involving my child exist. I do hereby grant full authorization and consent for my child to travel outside of the United States with A Life Worth Following. I have approved the following travel plans:

Dates of travel:	Destinations/Accommodations:
_____	_____
_____	_____

I authorize _____ [name of adult with whom child will travel] to make any changes whatsoever to the travel plans specified above.


Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1's Signature Date

Parent 2's Signature Date

Parent #1:
Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
Email: _____
Additional Contact Information: _____

Parent #2:
Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
Email: _____
Additional Contact Information: _____

	_____, Notary Public
	My commission expires on _____
	County of _____ State of _____