

PARTICIPATION Registration Form/2017



Name _____ Upcoming Grade _____ Age: _____ Gender _____

Home Church _____ Adult T-shirt sizes (circle one): S M L XL XXL

Parent/guardians Names _____

Home # _____ Email address: _____

Special dietary requests or restrictions: _____

Participants: I understand that River of Life event leaders will assign me to a work team. Though I am willing to joyfully work on any team, I would prefer to be assigned to a (check one):

___ painting team (ladders involved!), ___ landscaping team (no ladders),

___ building team (repairing or constructing porches, wheelchair ramps, etc),

or ___ assign me where I am needed most and can best serve the Lord!

I also understand that River of Life is a unique event with adult leadership at many levels. I will respect all of the leaders from my church, participating churches, and the hosting church. I will behave in a Christian manner at all times. I will dress modestly and appropriately at all times. I will not bring electronic devices. I understand that if I do not adhere to these policies I may be asked to change clothes or to turn over the electrical device for safe keeping with my church leader. I will not possess or use tobacco, alcohol, drugs, or firearms while at ROL. If these offenses are made, my parents will be notified along with the necessary authorities, and I will be removed from the ROL event at my parent's expense.

Signature of Participant _____ Date _____

Adult Participant: Please list any specific work skills that you may be able to use at ROL:

Parents: Is a type of work to which you don't want your child assigned, please indicate that here: _____

I give my permission for my child to participate in the River of Life Mission Event on July 5-July 9, 2017. I understand my child will be assigned to a work team that will paint, re-roof, porch construction or other home repairs/improvements. In case of emergency, I realize every attempt will be made to contact me. In the event I cannot be reached, I hereby authorize the River of Life youth workers to sign for medical treatment for my child. I will not hold River of Life, the participating churches, the directors, or the youth workers liable for any injuries incurred by my child.

Signature of Parent/Guardian _____ Date _____

This permission slip must be signed by a parent or guardian in order for a minor to attend a River of Life event. Also, by signing it you agree to support the agreements made above by the participant.

EMERGENCY PERMISSION & HEALTH FORM / River of Life 2017

I hereby give my permission for River of Life counselors to seek medical help for _____ in any situation they deem to merit such help. I also give permission for medical and emergency response personnel, in my absence, to administer any treatment, including surgery, that they deem to be necessary during the time my child is en route to and from, and participating in, the River of Life event to be held Milledgeville First United Methodist Church on July 5-July 9, 2017.

1. Is the youth named above covered under hospitalization insurance? ___yes ___no

If NO, skip to line 5

2. Does the youth have an insurance card? ___yes ___no

Please attach a copy of the card the student is covered by.

3. Name of Insurance Company _____

Policy Number _____

4. Name of Person in which Insurance carried _____

5. Family Physician _____

Office Phone _____ Home Phone _____

Student's Blood Type _____

6. Primary person to contact in emergency: _____

Contact Number(s): _____

Secondary person to contact in emergency: _____

Contact Number(s): _____

7. Please list any allergies to medications, foods, insect stings, etc _____

8. Does your child take medications routinely? ___yes ___no If yes, list name of

medication, strength, schedule _____

9. Are there any particular medical conditions that are relevant to your child's

participation in River of Life? ___yes ___no

If yes, please explain _____

My child has my permission to be assigned to a work team that will paint, roof, build and repair porches and do other home repairs and improvements. (Any type of work I have not approved has already been so noted on my child's the Registration Form.) I will not hold River of Life, its directors, coordinators, host churches, participating churches, or counselors for any injuries incurred by my child. I will not allow my child to drive during the event. If they have their own vehicle present I understand that their keys will be submitted to the director for safe keeping upon registration.

Signature of Parent/Guardian _____ Date _____