

Adult Registration 2010

July 7-10, 2010

Form MUST be filled out completely and notarized on back.

Name	E-mail
Mailing Address	City/State/Zip
Home Telephone ()	Work Telephone ()
Cell Telephone ()	Birthdate
Occupation	Employer
Church Name	Church Contact Person
Church's City/State/Zip	Contact Person Phone Number

Person to be contacted in case of emergency

Name	Phone ()
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Hospitalization Insurance

Company	Policy Number
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T-SHIRT (circle preferred size) S M L XL XXL 3XL

HEALTH HISTORY (Check all that apply)

Asthma Fainting Spells Convulsions Diabetes Sports Restrictions _____
 Heart If yes, explain. _____
 Back If yes, explain. _____
 Allergy or reaction to medication; if yes, what? _____
 Allergy or reaction to any food; if yes, what? _____
 None of the above.
 Other What? _____
 Will you be taking any medication during camp? If yes, what? _____
 Do you have back or knee problems? If yes, what? _____
 Do you have any medical problems that restrict your physical movement in any way?
 If yes, explain. _____

IMMUNIZATION: (Date of Inoculation) Tetanus _____

EXPERIENCE

Have you attended other work camps? 9 No 9 Yes When/What? _____

Do you speak Spanish? 9 None 9 Some 9 Experienced

What is your first and second choice for serving? We will need adults to fill ALL positions and may have to assign some people to unfilled positions.

- Work Site Coordinator: Requires some construction and organizational skills. Vehicle Required. Oversee 3-4 Work groups.
- Work Group Adult (Will need a vehicle that can transport adults and youth) Must meet local church requirements to oversee Junior High Students.
- Kitchen (Help in the planning and preparation of meals)
- Video/Photography (Will plan and make videos/pictures for worship and highlight film)
- Hospitality (Help in making sure areas of the church have been cleaned and stocked by small groups)
- Camp Nurse (Training/Certification needed)
- Worship - Help in running sound board and any special worship needs.
- Work Site Assistant – Adult or young adult to assist either with a work team or Work Site Coordinator

Adult Medical Release

By my signature, I, _____, agree to participate fully in the San Antonio Junior High Mission Project. I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for me, including surgical procedure if advised by attending physician.
2. I knowingly release, absolve, indemnify, and hold harmless the participating churches and leaders from all claims that might result from any injury and/or death to myself. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital costs.
4. If not provided by my church, I authorize the trip leaders to run a Confidential Criminal History Check on me.
5. I authorize publication or broadcast of my image in any press release and or media publication arising out of any activity associated with this mission project.

I have listed below, under my signature, any and all special medical problems concerning myself and I state that I have been given the opportunity to discuss these problems with one or more of the adult leaders.

Signature

Date

County of _____

State of _____

Before me, the undersigned authority, in this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public, State of _____

This form must be notarized!
Please attach a photocopy of your insurance card to this form.