

Summer 2008 Adult Registration & Medical Release Form

NAME: _____
(Full named needed for Background Check)

DATE OF BIRTH: ___/___/___

Preferred/ Nick name: _____

Cell Phone: _____

Address: _____

(City) (ST) (Zip)

Gender: Male _____ Female _____

Phone: (____) _____

Email: _____

T-Shirt Size (adult) _____

Social security number: _____ (will be used only for medical treatments only)

Driver License #	Occupation
Social Security	Are you an authorized driver of the vehicle being brought? <div style="text-align: center;">Yes No</div>

Number of Previous Missions/Work Camp Trips _____ **Music Skills:** _____

Rank and explain any skills you have in the following areas:

	Journeyman	Handyman	General	Unskilled	Please Explain
Painting	_____	_____	_____	_____	_____
Carpentry	_____	_____	_____	_____	_____
Sheetrock	_____	_____	_____	_____	_____
Roofing	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

Release of Liability and Background Check

I hereby release the North Texas Annual Conference, its staff and volunteers, participating churches, City of Dallas People Helping People program, and other referral agencies of any liability in the event of an accident or injury. I give the North Texas Conference of the UMC the authority to perform a background check.

Authorization to Obtain Medical Treatment

I authorize any of the leaders of C2K and all accompanying adult volunteer leaders on this trip to obtain any and all necessary medical and/or dental attention and/or treatment for myself, including surgical procedure if advised by the attending physician. I have listed on this form any and all special medical problem(s) concerning myself and I confirm that I have advised the leaders of C2K of any such medical problems.

_____ **Signature**

On this date _____, the person whose signature is above, personally appeared and acknowledged to me that he/she understood this Registration and Medical Release Form.

Notary Seal
 Required

_____ **Notary Public, State of** _____

C2K Covenant of Conduct

I know that I am Christ's representative on the C2K trip and will behave in such a way as to bring Him glory.

I agree to participate in all activities of C2K. When asked to be serious and thoughtful, I will-willingly do so.

I agree to not participate in the use of drugs or alcohol during this event. I will refrain from the illegal purchase or use of tobacco products. I will not use tobacco inside any building or at any worksite.

I agree to not use profanity during this event. I agree to refrain from any sexual activity or inappropriate displays of affection during this event. I agree to treat all persons regardless of race, religion, and culture with-respect and consideration.

I will respect the facility we are using, and realize that if damage should occur because of my negligence, I am financially responsible. I will not waste time or resources during this event.

I will not bring any electronic game equipment, boom boxes, and other items that may distract attention from the event. I will not bring or use any weapons, fireworks, pornographic materials, or any other inappropriate items.

I will portray a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity. I will abide by the dress code set forth which promotes modesty.

I understand that Texas State Law requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Human Services or a law enforcement agency.

I will not abuse others including:

Physical Abuse - strike, spank, shake, slap **Verbal Abuse** - humiliate, degrade, threaten

Sexual-Abuse - including inappropriate touching and exposure, or comments.

Mental Abuse - inconsistent standards, communicating one behavior and rewarding the opposite

Above all, I agree to play, have fun, and exercise team-work during C2K.

I have read the "Covenant of Conduct" and fully agree with the conditions. I understand that I will be excused from participating in C2K activities and sent home at your own expense if I violate any conditions of this covenant.

Signature of Participant

INSURANCE INFORMATION

(Attach front & back copy of insurance card
Please copy on same sheet of paper. Thank you!)

Emergency Contact Information

Name	Relationship	Work	Cell / pager

Medical Information

Name of Physicians	Phone #
Allergic to	Date of Last Tetanus Shot
Current Medications & Dosage	List any Physical Limitations
Medical History (diabetes, epilepsy, heart murmur, etc.)	

Are you willing to live/work/eat/sleep under conditions that may be uncomfortable and require your flexibility, patience and understanding? _____ *Please initial