

# A LOCAL MISSION WORK EXPERIENCE

## TEEN

### REGISTRATION PAPERWORK

Reading, PA ~ Saturday, September 25, 2010

**YOUTH GROUPS: of 5 or more = \$30.00 per individual**

(includes \$15.00 non-refundable deposit per person to cover cost of materials)

**Less than 5 people is \$50.00 per person** (\$25.00 non-refundable deposit to cover cost of materials)

FULL PAYMENT POSTMARKED BY SEPTEMBER 10, 2010



**Please print information PER TEEN (ages 13 to 17) clearly in black or blue ink**

I am registering as: \_\_\_ an individual \_\_\_ a member of the following youth group \_\_\_\_\_

**PARTICIPANT'S NAME:** \_\_\_\_\_

Gender: **M** or **F** Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_

Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**GENERAL HEALTH INFORMATION:** *(Youth leaders are responsible for dispensing any medications to their teens)*

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. CE-Life Builders is not responsible for the purchase of medicine or special foods.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**Your health insurance card information is necessary.**

Medical Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** Who can we call in case of an emergency?

Name \_\_\_\_\_ Relation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**PARTICIPANT AGREEMENT**

By signing below, you give your child permission to participate in the entire Word In Action Day. Your child is expected to conduct themselves in a Christian manner.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Make checks payable to "CE-Life Builders" and return with your form to the address below.*



Coordinated by:

**CE - Life Builders**

P.O. Box 190

Gilbertsville PA 19525

610-369-0207

theworkcamppeople.org

Office use only: Rcvd: \_\_\_\_\_ RE: \_\_\_\_\_ Other notes: \_\_\_\_\_

# **CHRISTIAN ENDEAVOR – Mid Atlantic** **YOUTH PARENTAL LIABILITY AND MEDICAL RELEASE FORM**

I, \_\_\_\_\_ (parent or guardian) hereby give permission for my child

\_\_\_\_\_ to attend an event coordinated by The Pennsylvania Christian Endeavor Union (Christian Endeavor). I hereby authorize and empower Christian Endeavor and any adult authorized to act on behalf of Christian Endeavor to order or approve medical treatment for my child as fully as I could do if I were on site. Christian Endeavor and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit my child to any form or type of medical procedures, by any licensed health care provider. I hereby grant Christian Endeavor and its authorized adult representatives, a medical power of attorney as to my child and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions.

I understand and agree that I am responsible for my child's medical insurance. I agree to reimburse Christian Endeavor for any medical bills or other expenses incurred regarding any medical treatment for my child. I have provided Christian Endeavor with an accurate health history for my child on the event Registration Form.

I understand that Christian Endeavor is not responsible or liable for my child's personal effects and property, and that Christian Endeavor will not provide security for or lock up for any items. I will hold Christian Endeavor harmless in the event of theft or loss resulting from any source or cause. I further understand that my child is to abide by whatever rules are in effect at the time of the trip.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Christian Endeavor and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death or other loss of any nature involving or related in any way to myself or my child, even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Christian Endeavor or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney's fees and all litigation costs.

Christian Endeavor is not responsible for the purchase of medicine or special foods.

*\*\*Attending permits your child's image to be used for print and video promotion by CE.\*\**

**Form must be signed by ALL persons with legal responsibility for this youth, including parents, guardians, caregivers, or single parents.**

If you are a single parent with sole custody please check here:

1) Parent's/guardian's name **(print)** \_\_\_\_\_

Parent's/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

2) Parent's/guardian's name **(print)** \_\_\_\_\_

Parent's/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

*If different than above please complete the following:*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**FOUR RIVERS COMMUNITY BROADCASTING CORPORATION**  
**T/A THE WORD FM**  
**P.O. Box 186, Sellersville, Pennsylvania 18960**

**SHORT TERM MISSIONS STUDENTS UNDER 18 CONSENT, RELEASE AND MEDICAL AUTHORIZATION**

I, the undersigned Parent, have carefully read this Consent, Release and Medical Authorization (the "Consent"). I have provided all information requested by this Consent. I hereby represent and agree as follows, intending to be legally bound:

1. **Blanket Permission.** I hereby grant permission for my child named below (the "Child") to participate fully in the trip, project and/or activity described below, including but not limited to all preparation, travel and work and recreational activities associated therewith and all other related Ministry sponsored activities occurring during the six month period commencing with the date of this Consent (all of the foregoing referred to herein as the "Activity").

2. **Release.** I understand that the Ministry staff and adult supervisors will endeavor to provide individual care and safety for each participant in each aspect of the Activity. I am aware that neither the Ministry nor any member of its staff or adult supervisors can assume responsibility for any injury or damage which may occur in connection with the Activity. Therefore, by signing this Consent I am agreeing to the Legal Release of Liability which is set forth below by which I am releasing the Ministry, its staff, and volunteers from liability for any Loss arising out of the Activity in which my child participates.

3. **Medical.** I give my complete and unconditional consent, authorization and permission to the Ministry and its staff and/or other adult supervisors to provide medical care, treatment and/or medication to the Child and/or to take the Child to a doctor, hospital, emergency room, trauma center or other health care facility, clinic or other health care provider; and I further authorize any such health care provider to provide to the Child all medical care, treatment and/or medication deemed necessary or advisable by any such provider; and I further assume full personal responsibility and liability for all medical bills and expenses incurred in connection with any such treatment, care, or medication. My child's Medical Information is on page two (2).

**BRIEF DESCRIPTION OF ACTIVITY:**

**Work project at Freedom Gate Ministries in Reading, Pa**

**LEGAL RELEASE OF LIABILITY**

Intending to be legally bound, the Parent hereby:

(a) Agrees to review all the information provided by the Ministry concerning the Activity in which the Child participates, and agrees to the precautions planned for the safety and care of the participants;

(b) Acknowledges that, notwithstanding the exercise of reasonable safety precautions, participation in the Activity involves certain actual and potential risk(s) of Loss, including but not limited to hostage taking, terrorist attack, travel accident, health problems, and possibly even death;

(c) Agrees that should the Child be asked to return home due to disciplinary action, medical reasons or otherwise, it shall be the Parent's responsibility to provide transportation home and to cover all associated and related expenses;

(d) Releases the Ministry from all liability for any Loss incurred by the Child or by the Parent arising out of or related to the Activity, except for Loss due to the Ministry's willful misconduct or recklessness; and

(e) Agrees to indemnify and hold the Ministry harmless from any liability for Loss incurred by the Ministry due to the acts of the Child occurring in the context of the Activity.

As used herein, the term "Loss" means personal injury, sickness, loss of life, or damage to or loss of property, real or personal; and "Ministry" means **FOUR RIVERS COMMUNITY BROADCASTING CORPORATION**, trading as "**THE WORD FM**" and their ministry partner, **Life Builders, Christian Endeavor** and their following staff members: **DAVID W. BAKER, TIM CARDASCIA and ALLAN M. GLASS, LORI BOESCH, MELANIE BAKER** and all other staff, leadership supervisors, volunteers and members, and/or their successors and assigns; and "Parent" means the parent(s) or legal guardian(s) of the Child, identified below.

**MEDICAL INFORMATION: (Please also provide a copy of your medical card)**

Insurance  
Company: \_\_\_\_\_

My child is allergic  
to: \_\_\_\_\_

My child is taking the following  
medications: \_\_\_\_\_

If needed for minor pain or fever, my child may be given: (circle all that apply)

TYLENOL    ASPIRIN    ADVIL    MOTRIN    ACETAMINOPHEN    IBUPROFEN

**Parent represents, warrants and agrees that by signing below the Parent has full legal authority to do so; that the Parent has primary or shared custody of the Child; that the approval and agreement of any other parent or guardians of the Child has been obtained by Parent, and that the undertakings herein shall be binding upon the Parent, any other parent or guardian of the Child, the Child, and their respective heirs, personal representatives, and assigns.**

Child Name: \_\_\_\_\_

PRINT Parent's Name: \_\_\_\_\_

Parent's Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Second Parent's Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

**A PHOTOCOPY OF THIS FORM SHALL BE VALID AND LEGALLY BINDING AND MAY BE UTILIZED IN PLACE OF AN ORIGINAL. THE ORIGINAL WILL BE MAINTAINED IN THE MINISTRY OFFICES. (08/04/2010)**

# Christian Endeavor-Mid Atlantic

## 2010 Word In Action

### Skills Inventory

Reading, PA ~ September 25, 2010		
If attending with a Church or Group please list the name:		
Your Name:		Under 21? List age:
Phone Day (    )	Phone Eve. (    )	Email:
If attending with a Church or Group what is your relationship with whom you are attending? ___ Youth Group member    ___ Year-round staff/volunteer    ___ Parent    ___ Other: _____		
If you have any first aid or emergency medical treatment experience, please explain:		
The section below assists us to do our best to match your skills to work. <b>There's a chance</b> you may be over-skilled for the work assigned to you. Thank you for <b>your willingness to serve</b> wherever we place you. Please circle <i>all</i> the numbers in <i>every</i> category that <b>BEST</b> describe you.		
<b><i>PAINTING</i></b> 1. I've helped others paint inside 2. I've done low exterior painting 3. I've painted a two-story house 4. I have a lot of painting experience 5. I am a professional painter	<b><i>LANDSCAPING</i></b> 1. I can run a lawn mower 2. I've run power clippers and weed eaters 3. I'm experienced with a chain saw 4. I have installed retaining walls 5. I am a professional landscaper	
<b><i>DRY WALLING</i></b> 1. I've spackled small holes in walls 2. I've done taping and spackling 3. I've measured, cut, & hung drywall sheets 4. I have a lot of dry wall experience 5. I am a professional dry-waller	<b><i>MASONRY</i></b> 1. I've helped patch a sidewalk 2. I've poured sections of concrete 3. I have moderate masonry experience 4. I have a lot of masonry experience 5. I am a professional mason	
<b><i>CARPENTRY</i></b> 1. I've done small repairs around the house 2. I've measured, cut, nailed lumber 3. I have moderate carpentry experience 4. I have a lot of finish carpentry experience 5. I am a professional carpenter	<b><i>PLUMBING</i></b> 1. I've fixed sink/toilet leaks 2. I've installed fixtures 3. I have moderate plumbing experience 4. I have a lot of plumbing experience 5. I am a professional plumber	
<b><i>ROOFING</i></b> 1. I've used tar to patch a leak 2. I've replaced sections of a roof ___ shingle    ___ metal 3. I have moderate roofing experience 4. I have a lot of roofing experience 5. I am a professional roofer	<b><i>ELECTRICAL</i></b> 1. I've changed switches and outlets 2. I've installed new light fixtures 3. I have some rewiring experience 4. I have a lot of electrical experience 5. I am a professional electrician	
<b><i>FLOORING / CARPETING</i></b> 1. I've torn out carpeting and/or linoleum 2. I have helped others lay flooring 3. I have moderate experience    ___tile    ___carpet 4. I have a lot of experience    ___tile    ___carpet 5. I'm a professional installer    ___tile    ___carpet	<b><i>FOUNDATIONS</i></b> 1. I've helped with footers and back filling 2. I'm experienced in foundation coating 3. I helped jack up & sure a foundation 4. I have moderate experience laying foundations 5. I have professionally built & repaired foundations	
<b><i>SIDING</i></b> <i>let us know if you have a break</i> 1. I've worked with others to apply siding 2. I have moderate experience with vinyl & aluminum 3. I've wrapped window casings and sills 4. I am very experienced with an aluminum break 5. I've applied siding/aluminum professionally	<b><i>HVAC</i></b> 5. I am a professional  <b><i>WELDING</i></b> 5. I am a professional	

Please use the back of this sheet to give details about your skills and special tools you can bring. Also, please add and explain any other areas where you think we could use your abilities such as: delivery, kitchen, etc.