



**A ONE-DAY MISSION WORK EXPERIENCE  
TEEN REGISTRATION PAPERWORK**

Saturday, April 17, 2010

**YOUTH GROUPS: of 5 or more = \$40.00 per individual**  
(includes \$15.00 non-refundable deposit per person)  
**Less than 5 people is \$50.00 per person** (\$25.00 non-refundable deposit)

**FULL PAYMENT POSTMARKED BY APRIL 3, 2010**  
**(\$10 ADDED TO COST AFTER THIS DATE)**

**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 group of (5) \_\_\_\_\_

→ → → → Lunch Sandwich choice (choose one) \_\_\_\_\_ Roast Beef \_\_\_\_\_ Ham \_\_\_\_\_ Turkey

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

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

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

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

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

Occupation (optional): \_\_\_\_\_

**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 & WGRC are 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 *Hands On in the Heartland*. 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 & WGRC**  
**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 Union (Christian Endeavor) & WGRC. I hereby authorize and empower Christian Endeavor & WGRC and any adult authorized to act on behalf of Christian Endeavor & WGRC to order or approve medical treatment for my child as fully as I could do if I were on site. Christian Endeavor & WGRC 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 & WGRC 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 & WGRC for any medical bills or other expenses incurred regarding any medical treatment for my child. I have provided Christian Endeavor & WGRC with an accurate health history for my child on the event Registration Form.

I understand that Christian Endeavor & WGRC are not responsible or liable for my child's personal effects and property, and that Christian Endeavor & WGRC will not provide security for or lock up for any items. I will hold Christian Endeavor & WGRC 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 & WGRC 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 & WGRC 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 & WGRC are 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 & WGRC.\*\**

**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 (\_\_\_\_) \_\_\_\_\_



**2010  
Skills Inventory  
April 17, 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 every category that BEST 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.*