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# LIFE BUILDERS

CHRISTIAN ENDEAVOR ~ Mid-Atlantic ~ WORK CAMP

## YOUTH REGISTRATION/MEDICAL INFORMATION FORM (17 Years of Age and Under)

### Circle the week you plan to attend:

June 21-27  
June 28-July 4  
July 5-11  
July 12-18

July 19 - 25  
July 26-August 1  
July 27-31  
\*\*Jr. High Only\*\*

### Circle your T-shirt size:

S M L XL XXL XXXL

**Please print your information clearly in black or blue ink**

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

Gender: **M** or **F** Age \_\_\_\_\_ Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_  
Street Address \_\_\_\_\_ Height \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Weight \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

### **CHURCH** \_\_\_\_\_

Pastor \_\_\_\_\_  
Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### **GENERAL HEALTH INFORMATION:**

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 is not responsible for the purchase of medicine or special foods. *Youth leaders are responsible for dispensing any medications to their teens.* \_\_\_\_\_  
\_\_\_\_\_

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

### **HEALTH INSURANCE INFORMATION:**

**Your insurance card information is necessary. Please make certain a photocopy of the front and back of your insurance card is attached to the registration form.**

Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### **OTHER EMERGENCY CONTACT PERSON: (other than a parent/guardian)**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

### **STUDENT PARTICIPANT AGREEMENT**

By signing below, you agree to participate in the entire Life Builders, a Christian Endeavor Ministry Event, with enthusiasm. "I will conduct myself in a Christian manner and agree to follow the Teen Guidelines and all other rules as outlined for me."

Signature of Student Participant \_\_\_\_\_ Date \_\_\_\_\_

## **Register early to save and to secure your LIFE BUILDERS week!**

Early Bird Rate is **\$310** (\$100 deposit due by 1/31/09 \* final payment and all forms due by 4/15/09)  
After 1/31/09, the Standard Rate of **\$330** is due with registration forms by 4/15/09.

\*\*July 27-31 rates = Early Bird Rate is \$225, Standard Rate is \$250 – same deadline dates as above.\*\*

*Make checks payable to your group so one check can be mailed to Life Builders.*

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

**CHRISTIAN ENDEAVOR - MidAtlantic**  
**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 Work Camp 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 (\_\_\_\_) \_\_\_\_\_

# Christian Endeavor - MidAtlantic

## 2009 LIFE BUILDERS Work Camps - Skills Inventory

Circle Dates: June 21-27 • June 28-July 4 • July 5-11 • July 12-18 • July 19-25 • July 26-Aug 1 July 27-31=Jr High only		
Church/Group Name:		
Name:		Under 21? List age:
Phone Day ( )	Phone Eve. ( )	Email:
What is your relationship with the church group you are attending with? ___ 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 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 or music.