

Registration

Each participant for the experience must complete this form

Section A: General Information

Name _____ DOB ____ - ____ -19 ____
(last) (first) (mid. Int.)

Address _____ () _____ - _____
(street) (city) (state) (zip code) (phone)

Email Address _____ Occupation or grade in School _____

Special Skills or Abilities (note any Construction skills) _____

Church Name _____ City _____ State _____

Local Newspaper _____ T-shirt size _____

Section B: Emergency Contact

In the event of an emergency, contact:

Name _____ Relationship _____

Address _____
(Street) (city) (state) (zip code)

Contact Phone Numbers: () _____ () _____ () _____
(daytime phone) (evening phone) (cell phone)

Other relative or responsible person: (in case above cannot be reached)

Name _____ Relationship _____

Address _____
(Street) (city) (state) (zip code)

Contact Phone Numbers: () _____ () _____ () _____
(daytime phone) (evening phone) (cell phone)

Section C: Health History (attach additional pages if necessary)

1. Operations or Serious Injuries: _____

2. Disability/Chronic recurring Illness: _____

3. Specific Activity To Be Limited (by physician) _____

4. Dietary Modifications: _____

5. Current Medications: (send with instructions) _____

6. Date of Last TETANUS _____

7. Medications You Cannot Take or are Allergic to: _____

Allergies or Special Health Problems or Concerns: _____

Section D: Medical Insurance, Policy Information, Physician Contact

Medical Insurance Co. _____ () _____
(name) (phone)

Address _____
(City) (State) (zip code)

Policy# _____ Policy Holders Name: _____

Policy Holders Identification # (if required) _____

Physician Name: _____ Phone () _____

Physician Address: _____
(city) (state) (zip code)

Section E: Signatures

I understand ReCreation Experiences does not carry accident or medical insurance on participating volunteers. I agree that my insurance company or the stated aforementioned carrier of my policy will be used for medical care expenses in the event of treatment. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my provider insurance. I understand that I am responsible for payment of all medical bills.

(signature of participant) I am 18 years of age or older) (signature of parent/guardian for underage minors)

Dated: This is the _____ day of _____, 200_.

Experience Activities Consent & Medical Treatment Consent

SECTION A: ACTIVITY CONSENT

I, _____ (**print participant name**) have applied and will be a participant in a Home Repair Mission Experience sponsored by: (**name of the group participant attending with**) _____. I understand the purpose of this form is to provide me and/or my Parents/Guardians with information regarding the risks and concerns involved. By my signature, and, the signature of my parent/guardian, I/we understand each of the things stated herein. I understand I am to participate in the experience which **will be held** _____ **through** _____, 200_.

In embarking on this experience, I/We understand that ReCreation Experiences is a home repair program and that all volunteers are expected to be involved in specific home repair and home building activities including but not limited to: the use of power tools, painting, scraping, yard work, roofing, carpentry, dry walling, digging steps, digging trenches for drainage, digging for septic systems, plumbing, glasswork, insulating, electrical, removal of old materials, carrying of new materials, loading and unloading of equipment, and other facets of home repair, remodeling, and renovation.

These activities include, but are not limited to: the usage of power tools such as drills and saws as well as the use of hand tools. The foregoing activities can or will also require climbing with or without supplies, tools or materials as well as working in high places such as atop roofs or other facets of construction work.

Volunteers may also, in their free time, engage in non-sponsored activities including but not limited to: football, softball, basketball, Frisbee, hiking, swimming, volleyball, or other sports activities of their choosing. Planned activities include, but are not limited to: visiting area attractions, white water rafting, hiking, and traveling to visit other area cultural places or people. I/We understand these activities are not sponsored by ReCreation Experiences are to the sole discretion of my group leaders.

NOTE: No one will be required to participate in any event or activity in which he/she or they feel they are not able to participate safely.

I/we understand even in using great caution and care there is a risk of injury. I understand I should not be on any medication or drugs which might affect my mental awareness or hamper my judgment. I/we understand precautions are taken to keep safe and protect all participants. But, I must pay attention and follow all instructions, rules, regulations and guidelines which are given to govern all activities and to govern my conduct. I understand that even in doing so, the risk of injury and accident are still present. The undersigned assumes all the risks normally incident and all risks not normally incident to the nature of this program, including risks which are not specifically foreseeable.

In consideration of ReCreation Experiences, its agents, employees and Board of Directors, I hereby assume all risks of injury, or loss of, or damage to property arising from my participation in such experience. Further, I specifically release ReCreation Experiences, its agents, employees, and Board of Directors from any and all liability which may incur during my participation in said program.

I, for myself, heirs, personal representatives, and assigns, hereby release, waive, discharge and relinquish any action or causes of action which may exist or which may hereafter arise from me or my estate and agree that under no circumstances will I, my heirs, personal representatives, or assigns present any claim for personal injury, property damage or wrongful death against ReCreation Experiences, its agents, employees or Board of Directors.

I have read this information carefully and I/we understand the content of it. I/we are fully aware this is a waiver of and a release of liability. I/we are fully aware of the legal issues of signing this document.

The participant/and the guardian grant and convey to ReCreation Experiences all right, title, and interest in any and all photographic images and video or audio recordings made by ReCreation Experiences during the participants participation of the ReCreation Experiences Home Repair Mission program, these images to be used for the sole purpose of publicizing and promoting the programs of ReCreation Experiences.

SECTION B: MEDICAL CONSENT FOR TREATMENT:

Further, consent/permission is given to be treated by competent medical personnel as a result of any accident or medical injury while involved in the activities of ReCreation Experiences, Home Repair Mission project. I understand that ReCreation Experiences does not carry accident or medical insurance on the participating volunteers. I agree that my insurance company will be used for such medical expenses and I am aware that I may be billed by the medical provider for any treatment expenses not covered by my provider. I understand that if medical insurance is not in place, I will be responsible for 100% of all bills associated to the treatment incurred.

Further, in the event of an injury or accident while in attendance at this event, and there is need for the attention of a physician, I/we give permission for the medical personnel selected by the event leadership, to order x-rays, routine tests, and treatment. Also, in the event I/we cannot be reached, and our second contact cannot be reached, in an emergency. I/we hereby give permission to the medical personnel selected by the event leader to hospitalize, secure proper treatment for, and to order injections, and/or anesthesia, and/or surgery for the participant named above. In the event it becomes necessary for the event director to give consent for us/me. I/we agree to hold such persons and ReCreation Experiences free and harmless from any claims, demands, or suits and damages arising from giving consent so long as the treatment is administered by or under the supervision of a licensed physician.

For all adult participants who are not minors, sign below certifying you have read the above and consent to abide with the content.

Participant Signature	Date
Parent/Guardian Signature (If under 18 years of age)	Date

NOTARY

I, the undersigned, a Notary Public in and for the County of _____, State of _____, do hereby certify that the above signed persons, personally appeared before me this day and acknowledged the due execution of the foregoing Informed Activity Consent and Consent to Medical Treatment Waiver.

Witness my hand and official seal this the _____ day of _____ 200_.

Notary: _____

My Commission Expires: _____

Covenant of Behavior

This Covenant is a commitment that you are making to God, your church, your youth leaders, your fellow participants, and to ReCreation Experiences in order for this to be a good experience for everyone. Every Mission Experience we participate in should reflect what we understand the Christian life to be. Many of these guidelines are considered “givens”, but they are listed to remind us to live as Christians, set apart and different than much of what we encounter in the world around us. Participation in an experience like this should be seen as a privilege and an opportunity to grow in a person’s faith. If you breach the confidence of any of this Covenant, we reserve the right to send you and possibly your group home.

- **I will not** leave a project site or the site of my housing for any reason.
- **I will not** engage in paint fights or at any time use materials or equipment in a manner which is wasteful or reflects poor stewardship.
- **I will** respect the facilities I am eating and staying in. I understand any damage I cause will result in my being financially responsible for the repairs incurred.
- **I will** observe the lights out times and will respect the people I am staying with.
- **I will** dress modestly. I understand that tube tops, sports bras, cut up shirts, shirts with no sleeves, short shorts, spandex, spaghetti straps, half shirts, mini skirts, shirts and hats with beer, cigarette, and suggestive slogans, guys without shirts, are not appropriate for this experience.
- **I will not** use language that is disrespectful, inappropriate, profane or abusive.
- **I understand** that inappropriate sexual behavior, be it implied, consensual, or verbal will not be tolerated.
- **I will not** at any time be in a member of the opposite sex’s room. I will respect others’ privacy. If it is not mine, I will stay out of it. I will not go into someone else’s stuff for any reason.
- **I will not** be in possession of illegal drugs, drink alcohol, or use tobacco.
- **I will not** bring fireworks or weapons of any kind on this experience.
- **I will not** engage in any behavior which is a violation of these guidelines or any state or federal law.
- **I will** participate fully in all activities and events of the work camp experience.

I understand that failure to follow the guidelines set forth in this covenant and failure to abide by the rules set forth by my group for this experience can and will result in my being sent home a my own expense and at no refund of my work camp fees. I also understand that my violating these guidelines could result in my group being sent home as well.

Participant Signature	Date
Parent/Guardian Signature (If under 18 years of age)	Date
Adult Leader Signature	Date