

Adult Registration & Medical Release Form

Name: _____ Date of Birth: ____/____/____
(Full name needed for Background Check)

Preferred/ Nick Name: _____ Cell Phone: (____) _____

Address: _____ Gender: _____

(City) (State) (Zip) Phone: (____) _____

Email: _____ T-shirt Size (adult) _____

Social Security Number: _____ (will be used only for medical treatments only)

Driver License# _____ Occupation: _____

Are you an authorized driver of the vehicle being brought? _____

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 United Methodist Church the authority to perform a background check.

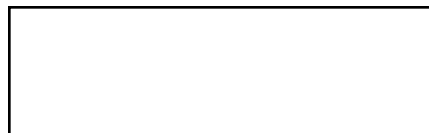
Authorization to Obtain Medical Treatment

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 who's 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 understand that C2K follows Safe Sanctuaries guidelines.

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, refrain from sexual activity or inappropriate displays of affection, and treat all persons with respect and consideration during this event.

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, or 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 will not abuse others including physical, verbal, sexual, and mental abuse. 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.

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 my 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.)

Emergency Contact Information

Name	Relationship	Work Number	Cell Number

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

Duplication of this form shall be on WHITE PAPER ONLY.
Both sides required. C2K Covenant of Conduct on back.