

Total Cost: \$100; \$60 deposit due by April 25th Please See back of Form!

River of Life Participant Registration Form

*All participants must have a completed form on file before participating in ROL activities.

Name: _____ Youth or Adult | Male or Female

If Youth, Grade just completed: _____ Age: _____

T-shirt Size: Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL (Circle One)

Participating Church: _____

Parent/Guardian/Spouse Name(s): _____

Home Phone/Parent's Cell Phone: _____

Special Dietary Requests or Allergies: _____

Youth/Adult Participants: I understand that River of Life Event leaders will assign me to a work team. We will be introducing some construction projects this year. If you **DO NOT** wish to participate in construction activity please initial here. _____

Youth Participants:

I understand that River of Life is a unique event with Adult leadership at many levels. I will respect all of the leaders from my church, participating churches and particularly the host church, Isle of Hope UMC. I will behave in a manner befitting a follower of Christ. I will dress modestly and appropriately and follow the dress code supplied to me. I understand that if I do NOT adhere to the dress code, I will be asked to change clothes into those provided. I understand that if I choose to bring a cell phone or other electronic device, it is at my own risk. I will not drive any vehicle during ROL. I will not possess or use tobacco, alcohol, drugs or firearms while at ROL. If these offenses occur, my parents will be notified along with the necessary authorities, and I will be removed from the ROL event at my parent's expense.

Signature of Youth Participant: _____ Date _____

Adult Participant:

Cell Phone # _____ (to be able to reach you on the worksite)

Are you a driver? YES NO | Will it be your personal vehicle? YES NO | # of seats available? _____

Personal Vehicle Info: Make/Model: _____ License Plate: _____

Level of Insurance: Property Damage Liability: _____ Bodily Injury Liability: _____

****Attach a copy of your Driver's License to this form if you will be driving a vehicle during River of Life.**

Please list any specific work skills that you may be able to use at ROL: _____

Parents/Guardians:

If there is a type of work to which you don't want your child assigned, please indicate that here:

I give my permission for my child to participate in the River of Life Mission Event on June 27 – July 1, 2018. I have reviewed the information above and agree to support the leadership team and my youth in his/her commitment. I understand my child will be assigned to a work team that will paint, re-roof, or carry out other home repairs/improvements. I have completed the Emergency Permission Health Form in addition to this form and provided a copy of the appropriate Insurance Card.

I give permission for my child to be photographed for the purpose of ministry videos which may be posted on social media.

Signature of Parent/Guardian _____ **Date** _____

River of Life Emergency Permission & Health Form

*All participants must have a completed form on file before participating in ROL activities.

FOR YOUTH PARTICIPANTS:

I hereby give my permission for River of Life counselors to seek medical help for my child, _____, in any situation they deem merits such help. I also give permission for medical and emergency response personnel, in my absence, to administer any treatment, including surgery, that they deem to be necessary during the time my child is en-route to and from, and participating in, the River of Life event to be held at Isle of Hope United Methodist Church on June 27 – July 1, 2018.

My child has my permission to be assigned to a work team that will paint, roof, build and repair porches, and do other home repairs and improvements. (Any type of work I have not approved has already been noted on my child's Registration Form.) I will not hold River of Life, its Directors, Coordinators, Host Church, Participating Churches, or Counselors responsible for any injuries incurred by my child. I WILL NOT allow my child to drive during the event.

Signature of Parent/Guardian _____ Date _____

FOR ADULT PARTICIPANTS:

I hereby give my permission for River of Life counselors to seek medical help for me, _____, if there is any situation they deem merits such help and I am unable to participate in that decision. I also give permission, if necessary, for medical and emergency response personnel, to administer any treatment, including surgery, they deem to be necessary during the time I am en-route to and from and participating in, the River of Life event to be held at Isle of Hope United Methodist Church on June 27 – July 1, 2018.

Signature of Adult Participant _____ Date _____

FOR ALL PARTICIPANTS:

1. Is the participant named above covered under hospitalization insurance? YES NO If no, go to line 5.
2. Does the participant have an insurance card? YES NO
IF YES, ATTACH A COPY OF THE CARD UNDER WHICH THE PARTICIPANT IS COVERED. THEY ARE NOT CONSIDERED REGISTERED UNTIL THIS CARD IS SUBMITTED.
3. Name of insurance company _____
Policy Number _____ Group Number _____
4. Name of Person in which Insurance is carried: _____
5. Family Physician: _____ Physician's Office Telephone: _____
6. Primary Emergency Contact: _____ Number: _____
7. Secondary Emergency Contact: _____ Number: _____
7. Please list any allergies to medications, foods, insect stings, etc. _____
8. List of regular medication and schedule: _____

9. Are there any medical conditions that are relevant to the participant's work and involvement at ROL?
