

# PARTICIPANT REGISTRATION FORM



Name \_\_\_\_\_ Upcoming Grade \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Home Church \_\_\_\_\_ Adult T-shirt sizes (circle one): S M L XL XXL

Parent/guardians Names \_\_\_\_\_ Home # \_\_\_\_\_

Special Dietary requests or allergies: \_\_\_\_\_

*Participants::* I understand that River of Life event leaders will assign me to a work team. Though I am willing to joyfully work on any team, I would prefer to be assigned to a (check one):

- roofing team (age 16 and above only),
- painting team (ladders involved!),
- landscaping team (no ladders),
- building team (repairing or constructing porches and/or wheelchair ramps, etc), or
- assign me where I am needed most and can best serve the Lord!

I also 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 the hosting church. I will behave in a Christian manner at all times. I will dress modestly and appropriately at all times. I will not bring electronic devices such as cell phones or dvd players to ROL. I understand that if I do not adhere to these policies I may be asked to change clothes or to turn over the electrical device for safe keeping with my church leader. I will not possess or use tobacco, alcohol, drugs, or firearms while at ROL. If these offenses are made, 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 Participant \_\_\_\_\_ Date \_\_\_\_\_

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*Adult Participant::* Please list any specific work skills that you may be able to use at ROL: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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*Parents::* 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 \_\_\_\_\_. I understand my child will be assigned to a work team that will paint, re-roof, porch construction or other home repairs/improvements. In case of emergency, I realize every attempt will be made to contact me. In the event I cannot be reached, I hereby authorize the River of Life youth workers to sign for medical treatment for my child. I will not hold River of Life, the participating churches, the directors, or the youth workers liable for any injuries incurred by my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*This permission slip must be signed by a parent or guardian in order for a minor to attend a River of Life event. Also, by signing it you agree to support the agreements made above by the participant.*

# EMERGENCY PERMISSION & HEALTH FORM



I hereby give my permission for River of Life counselors to seek medical help for \_\_\_\_\_ in any situation they deem to merit 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 \_\_\_\_\_ (name of host church) on \_\_\_\_\_ (dates).

1. Is the youth named above covered under hospitalization insurance?  
\_\_\_yes \_\_\_no if NO skip to line 5
2. Does the youth have an insurance card? \_\_\_yes \_\_\_no  
*Please attach a copy of the card the student is covered by.*
3. Name of Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_
4. Name of Person in which Insurance carried \_\_\_\_\_
5. Family Physician \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student's Blood Type \_\_\_\_\_
6. Primary person to contact in emergency: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_  
  
Secondary person to contact in emergency: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_
7. Please list any allergies to medications, foods, insect stings, etc \_\_\_\_\_  
\_\_\_\_\_
9. Does your child take medications routinely? \_\_\_yes \_\_\_no If yes, list name of medication, strength, schedule \_\_\_\_\_  
\_\_\_\_\_
10. Are there any particular medical conditions that are relevant to your child's participation in River of Life? \_\_\_yes \_\_\_no  
  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

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 so noted on my child's the Registration Form.) I will not hold River of Life, its directors, coordinators, host churches, participating churches, or counselors for any injuries incurred by my child. I will not allow my child to drive during the event. If they have their own vehicle present I understand that their keys will be submitted to the director for safe keeping upon registration.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_