



# Participant Registration 2017

**Registration and \$25 deposit due April<sup>5th</sup> 2017!**

## **Participant Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Gender:  Male  Female

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ (\*Must have completed 6<sup>th</sup> grade)

Have you participated in Project Shine in the past?  Yes  No

T-shirt Size:  Small  Med  Large  XL  XXL

## **Church/Organization Contact Information:**

Church/Organization Name: \_\_\_\_\_

Youth Leader/Pastor Name: \_\_\_\_\_

### **YOUTH participants:**

**Do you have experience with: (Check all that apply)**

Climbing Tall Ladders  Sharing Testimony  Children's Ministry  Evangelism  Dramas/Skits

### **ADULT participants:**

**Which week do you plan to participate?**

June 19-24  June 26-July 1

**What days do you plan to participate?**

S  M  T  W  R  F

#### **Time Commitment**

Full time, around the clock, all week

Day work crew (7:30-4:30 - M, T, TH, F)

Evening supervision (4p-10p - S, M, T, W, TH, F)

Overnight supervision (10p-7:30a -S, M, T, W, TH)

Childcare (see childcare volunteer form for times)

Kitchen \*Cannot guarantee a spot

**Please indicate if you are skilled in:**

Climbing Tall Ladders  Carpentry  Landscaping  Siding

Painting  Drywall  Photo/Video Editing

## Emergency & Medical Release Information

Do you have health insurance?             Yes             No

If so – Name of company: \_\_\_\_\_

Policy/Id Number: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Please list any and all health (physical/emotional) conditions for which you currently take medication(s):

\_\_\_\_\_

Please list any and all medication for the above-listed condition(s): \_\_\_\_\_

\_\_\_\_\_

**\*\*\*Please bring only enough medication needed for use during the project week.**

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

### Adults: Background Information

Have you ever been arrested or convicted of a crime?    Yes    No

If yes please explain \_\_\_\_\_

\_\_\_\_\_

### **Acknowledgement and Release**

I have read and approve that the information contained in this registration is true to the best of my knowledge. I also understand and approve the use of my photo/digital image for promotional purposes, and release Project Shine and the sponsoring churches from responsibility of any injuries sustained during Project Shine or its activities. I understand that Project Shine reserves the right to refuse any person for supervisory positions including overnight supervision. Further, I have read, understand and will comply with the "Expectations" outlined in a separate document.

**\*\*\*If you are a student, your parent must sign and agree on your behalf. \*\*\***

Signature \_\_\_\_\_ Date \_\_\_\_\_