



Participant Registration 2020

Project Shine 2020 will be June 21-26. Registration and \$25 deposit due April 1, 2020!

Participant Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____ Gender: Male Female

E-mail: _____

Age: _____ (*Must have completed 6th 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:

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)
 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: _____

Acknowledge 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 for 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 "Information and Expectations" outlined in a separate document. If my child is a youth participant, I understand my child may not leave and return to Project Shine.

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

Signature: _____ Date: _____