

Participant Registration 2021



Project Shine 2021 will be held June 20-25. Registration and \$25 deposit are due by **Friday, April 30th**. Check with your Youth Leader on which Option your group is scheduled for (**A**-Half Week 1, **B**-Half Week 2, or **C**-Full Week). All funds are due by **Saturday, June 5th**.

Participant Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #(s): _____ Gender: Male or Female

E-mail Address: _____

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: _____

Pastor/Youth Leader Name: _____

***Youth & Adult Volunteers** - *Do you have experience with (check all that apply):*

Climbing Tall Ladders Painting Drywall Siding Carpentry Landscaping

Sharing Testimony/Evangelism Dramas/Skits Children's Ministry Photo/Video Editing

***Adult Volunteers Only** - *What days can you participate?*

Sunday Monday Tuesday Wednesday Thursday Friday

Adults - Time Commitment

Full-Time, around the clock, all Week Day Work Crew (7:30am - 4:30pm)

Evening Supervision (4pm - 10pm) Overnight Supervision (10pm - 7:30am)

Kitchen Help (Cannot guarantee a spot) Gopher (7:30am - 4:30pm)

Notes (optional): _____

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 Shot: _____

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: _____