Adult Registration/Medical Release Form

NORTHSHORE WEEKEND OF THE CROSS – Blackwater United Methodist Church, Central, LA – JULY 20-23 2022 NO PARTIAL ATTENDANCE - NO EXCEPTIONS

YOU MUST CHECK-IN WEDNESDAY EVENING AND STAY UNTIL SATURDAY MORNING

Itome Church:	ADULT: (first,last)		DOB:/ Gender: M F		
City: State: Zipcode: Home Phone:					
City: State: Zipcode: Home Phone: Email: Cell Phone: Emergency Contact: Emergency Contact #: DRIVING INFORMATION:	Address:				
Emergency Contact :	City: State:	Zipo			
BRIVING INFORMATION: Will you be able to transport youth and adults to a worksite? YES NO How many occupants will your vehicle hold?					
Will you be able to transport youth and adults to a worksite? YES NO How many occupants will your vehicle hold? CONSTRUCTION EXPERIENCE: Have you ever attended a W.O.C. before? Y.N. If so, how many times? Have you ever painted the exterior of a house? Y.N. Do you feel qualified to lead a team on a work project (specifically, ramp construction)? YES NO Have you ever painted the exterior of a house? Y.N. What tools/supplies could you bring to assist in any of the work projects? Have you ever built a wheelchair ramp? Y.N. What tools/supplies could you bring to assist in any of the work projects? Have you ever built a wheelchair ramp? Y.N. Telephone #: Policy #: Group #: Physician: Group #: Physician: Telephone #: Date of Last Tetanus Shot: // Allergies? Current Medical Conditions/Medications: Anything we should know about? (PLEASE SCAN OR COPY INSURANCE CARD TO THE BACK OF THIS FORM.) LiWe the undersigned given our consent for him/her to attend Northshore Weekend Of the Cross at the host church listed above. LiWe understan that there are inherent risks involved in any ministry event and hereby release the Baton Rouge and new Orleans Districts of the Louisiana Unit Methodist Annual Conference, Northshore Weekend Of the Cross and its Staff/Directors, and other volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my attendance. In the event that I become ill or injured and requires medical attention, I/we consent to any reasonable medical treatment as deemed necessary by licensed medical personnel. In the event treatment is required from a physician and/or other medical personnel, I agree to hold such person(s) free and harmless of any claims, demands, suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical carbonula for damage to the reimbursed by the health insurance provider, **1 also give consent for the director(s) to take and post photos/	Emergency Contact:	E	Emergency Contact #:		
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Current Medical Conditions/Medications:	Date of Last Tetanus Shot://	-			
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	Signature:		_ Date:/		

 ${\tt TURN\,IN\,FORM\,TO\,CHURCH\,PASTOR/GROUP\,LEADER-MUST\,BE\,SUBMITTED\,AS\,A\,CHURCH,NOT\,AS\,INDIVIDUALS}$

Please make checks payable to:

Magnolia United Methodist Church — 16024 Greenwell Springs Rd — Greenwell Springs, LA 70739

Memo: Northshore WOC