

Adult Registration/Medical Release Form
NORTHSHORE WEEKEND OF THE CROSS

Houma FUMC, 6109 HWY 311, Houma, LA 70360 - JULY 19-22 2022

NO PARTIAL ATTENDANCE - NO EXCEPTIONS

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

ADULT: (first,last) _____ DOB: ____/____/____ Gender: M F
Home Church: _____ T-shirt Size: S M L XL 2XL 3XL Fee: \$150.00
Address: _____
City: _____ State: _____ Zipcode: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Emergency Contact: _____ **Emergency Contact #:** _____

DRIVING INFORMATION:

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 replaced siding on 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 _____

Medical Insurance Company: _____ Telephone #: _____
Policy #: _____ 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.)

I/We the undersigned given our consent for him/her to attend Northshore Weekend of the Cross at the host church listed above. I/We understand that there are inherent risks involved in any ministry event and hereby release the Baton Rouge and new Orleans Districts of the Louisiana United 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, or 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 care should cost of that medical care not be reimbursed by the health insurance provider. **I also give consent for the director(s) to take and post photos/videos from Northshore Weekend Of the Cross to Northshore Weekend Of the Cross Facebook page.**

Signature: _____ Date: ____/____/____
Name (print): _____

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