

Student Registration/Medical Release Form
NORTHSHORE WEEKEND OF THE CROSS

First United Methodist Church Alexandria, 2727 Jackson St. Alexandria, LA 71301 - JULY 17-20 2024
Fee \$150.00 per participant

NO PARTIAL ATTENDANCE - NO EXCEPTIONS

YOU MUST CHECK-IN WEDNESDAY EVENING STARTING AT 5PM AND STAY UNTIL SATURDAY MORNING AT NOON

STUDENT: (first,last) _____ DOB: ___/___/___ Gender: M F
Home Church: _____ T-shirt Size: S M L XL 2XL 3XL Completed Grade _____
Address: _____
City: _____ State: _____ Zipcode: _____ Home Phone: _____ Parents Email: _____
Roommate Preference (up to 2): _____ **not guaranteed _____
Emergency Contact: _____ **Emergency Contact #:** _____
Mom's Name: _____ Mom's Cell: _____ Mom's Work#: _____
Dad's Name: _____ Dad's Cell: _____ Dad's Work#: _____

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

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 have legal custody of the minor named above and have 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/our child's attendance. In the event, that he/she becomes 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/we 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/we also acknowledge that I/we 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/we 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.**

Parent/ Guardian Signature: _____ Date: ___/___/_____
Parent/ Guardian Name (print): _____

TURN IN FORM TO CHURCH PASTOR/GROUP LEADER — MUST BE SUBMITTED AS A CHURCH, NOT AS INDIVIDUALS

Please make checks payable to:
Faith Crossing UMC: 34260 Walker North Rd, Walker, LA 70785

Memo: WOC-Weekend of the Cross