



# ADULT REGISTRATION - \$15

CAMP CADIZ | JUNE 26-30, 2016

Please return to: Youth Leader/Pastor or Little River Baptist Association -149 Old Dover Road

**REGISTRATION DEADLINE: SUNDAY, JUNE 5<sup>TH</sup>**

## PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ F \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_  
Please indicate Y (Youth) or A (Adult)

**Date of Birth:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Number and Street City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Do you send/receive texts?** yes \_\_\_ no \_\_\_

## EMERGENCY CONTACT

**Name:** \_\_\_\_\_ **Emergency Phone Number:** \_\_\_\_\_

**Church you currently attend:** \_\_\_\_\_

## HEALTH INFORMATION:

Are there any food allergies/dietary restrictions?  Yes  No

If so, what \_\_\_\_\_

List any medicines or substances (including poison ivy/poison oak) to which you are allergic:

\_\_\_\_\_

Date of Tetanus Shot: \_\_\_/\_\_\_/\_\_\_ Family Physician \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

## PROJECT EXPERIENCE:

Please mark any area you would be willing to serve during Camp Cadiz 2015.

\_\_ VBS \_\_ Chores for Elderly \_\_ Nursing Home Ministry \_\_ Painting/Staining \_\_ Cooking \_\_ Demolition

\_\_ Pressure Washing \_\_ Cleaning Gutters \_\_ Yard Work \_\_ Construction \_\_ Washing Cars

\_\_ Delivering Meals (10:30am-12:30pm) \_\_ Supervising while adults meet (3:30-5:30pm)

\_\_ Random Acts of Kindness (RAK) \_\_ Laundry (pick up at approximately 5:30/6 pm and return by 6:30/7am)

**TIME AVAILABLE:** Please indicate the days and time you WILL participate in Camp Cadiz by checking the appropriate box(es) below. We greatly appreciate any and all time you are available.

	Mon 6/27	Tues 6/28	Wed 6/29	Thurs 6/30
Morning (before 12/Noon)				
Afternoon (12-4)				
Evening (after 4)				
Staying the night				

Check any areas you are comfortable working in:

Carpentry/Framing  Pressure Washing  Dry Wall  Brick Masonry  Painting  
 Electrical  Plumbing  Window/Door Roofing  Concrete  Welding  
 Vinyl Siding  Yard Work  Cooking  Music/Teaching  Underpinning  
 Ramp Construction  Porch/Deck Repair/Construction  Cleaning Gutters  Demolition

Other: \_\_\_\_\_

What equipment would you be able to bring to your work site?  hand tools  power tools  tractor  mower  
 yard tools  lawn mower  weed eater  leaf blower  pressure washer  ladder \_\_\_\_\_

Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize  /don't authorize  the publishing of photographs taken of me in which I may be included with others, including the surrounding areas depicted in said photographs, for use in any and all media without restriction for any private or public purpose. I also grant permission to use my name, if desired, in connection with any said publication. I further grant permission to copyright, re-use and republish photographic portraits or pictures of me. I acknowledge that since my participation is completely voluntary, neither I nor any member of my family will receive financial compensation for the use of these photographs. I also release them from any expectation of confidentiality for the use of said photographs.

I hereby affirm that I am the person listed on this form. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

As a volunteer in Camp Cadiz, I wish to make clear my understanding that the Little River Baptist Association nor my church assumes no responsibility for loss of property, damage to same, personal harm or illness that may occur. I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations do hereby absolve the Little River Baptist Association and my church and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis on the forgoing.

**MEDICAL RELEASE AND CONSENT**

I hereby authorize church representatives to obtain or provide medical treatment for me for such injury or illness during the camp, and I hereby hold the Little River Baptist Association & Camp Cadiz leadership, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that I may sustain physical illness or injury during camp. If this occurs, I hereby authorize the church representatives to refer me to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on my behalf for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that I may sustain physical illness or injury, I acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation, and I further release the Little River Baptist Association, it churches, its representatives, and any homeowners from any claims for personal illness or injury that I may sustain during the camp.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_