



REGISTRATION FORM

Form 05-10NE

Revised 10-09

MIXED AGE Work Camp All Youth Must Have Completed Grade 7 <input type="checkbox"/> Youth [7-12 grade] <input type="checkbox"/> Adult [21 & over] <input type="checkbox"/> Young Adult <small>[one year out of H.S.-through 20]</small>	HIGH SCHOOL Work Camp All Youth Must Have Completed Grade 9 <input type="checkbox"/> Youth [9-12 grade] <input type="checkbox"/> Adult [over21] <input type="checkbox"/> Young Adult <small>[one year out of H.S.]</small>	YOUNG ADULT Work Camp <input type="checkbox"/> Young Adult <small>[one year out of H.S.-24]</small> <input type="checkbox"/> Adult [25 & over]
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Last Name <small>(above)</small>	First Name	Preferred Name	Home Phone w/area code
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Street Address <small>(above)</small>	City	State & Zip	Date of Birth	Age	Sex (Circle)
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Cell Phone: Adult for in camp use Youth for pre-camp contact	Additional Emergency Phone for Parent	Emergency Contact Name (Not Parent)	Phone # Emergency Contact (Not Parent)

Participant Email Address Please Print CLEARLY	City and Name Participating Church	Name of Church Contact
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List All Medications That Will Be Taken At Camp Include Additional Information Sheet If Necessary

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Year of Last Tetanus Must be 2001 or Later	List Any & All Special Medical Problems/Allergies Include Additional Information Sheet If Necessary
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	7	8	9	10	11	12	At Least 1 full year beyond High S
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Employer Name Adult Participant OR Employer Of Parent/Guardian of Participating Youth	Occupation - Participating Adults Only	Grade Completed at time of Camp, Please Circle Appropriate Box
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Type Of Vehicle You Will Drive AT WORK CAMP (Age 21 & Older)	No. Of Seats Seat Belts Including Driver
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<input type="checkbox"/> First Aid <input type="checkbox"/> Music <input type="checkbox"/> Roofing <input type="checkbox"/> Carpentry <input type="checkbox"/> Administrative <input type="checkbox"/> Food Service	YES NO
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Rank Your Skill In The Above Areas 1=NOVICE 2=FAMILAR 3=EXPERIENCED CPR Certified?

Place appropriate number in box (circle one)

Y	N											
Have You Attended U.M. ARMY ?		How Many Times	Last Year Attended	T Shirt Size (Circle Appropriate Box)								

Medical Insurance Information	List First And Last Names Of Other Family Members Attending Work Camp	List Any Special Dietary Needs Including Food Allergies
Insurance Company Name		
Policy Holder		
Group Number		
Insurance Company Phone Number		

REGISTRATION MUST BE SIGNED ON THE BACK TO BE ACCEPTED BY U.M.ARMY

**U. M. ARMY Northeast, Youth Mission Program
Liability, Press and Medical Release**

- I acknowledge that the activities, which include but are not limited to physical labor, building repairs, yard work, construction, and the use of power tools, other construction tools, ladders, scaffolding, lawn mowers, gardening equipment and tools, to be performed during the Program are inherently dangerous and pose a substantial risk of injury or death and of damage to or loss of personal property;
- I acknowledge that the risks of participation also include the risks of travel; the risks of negligence, gross negligence, willful and wanton misconduct and/or bad judgment by me or other participants, including the clients, coordinators, volunteers, and site inspectors; and the risks of failure, misuse, malfunctioning equipment;
- I hereby represent that I am in good physical condition and health, am capable of safely performing the activities for which I have volunteered and do not pose a risk of harm to myself or other participants;
- I assume to the greatest extent permitted by law, all of the risks to me, whether or not specifically identified herein, of all the activities in which I participate and the services I use and/or provide;
- I release U.M. ARMY, its employees, trustees, volunteers, coordinators, participants, equipment providers, and Program clients arising out of any activity associated with or the participation in the Program;
- I authorize publication or broadcast of my image in any press release and/or media publication arising out of any activity associated with the Program without further compensation and agree that all such materials are the sole property of U.M. ARMY.
- On behalf of myself and my heirs, I indemnify and hold harmless U.M. ARMY, its employees, trustees, volunteers, coordinators, participants, equipment providers, and Program clients from any and all costs, liabilities and claims, of every kind and nature whatsoever, arising directly or indirectly, from my participation in activities or use of services, including any legal costs and expenses and the costs of medical or other expenses incurred for my benefit.
- I authorize any of the leaders of U.M. ARMY to obtain any and all necessary medical and or dental attention and or treatment for me, including surgical procedure if advised by the attending physician. I have listed on the registration form (front side), any and all special medical problems concerning myself, and I confirm that I have advised the leaders of U.M. ARMY of any special medical problems.

U.M. ARMY Covenant of Conduct

- I will treat both the client and their property with dignity and respect.
- I will treat all participants respectfully in accordance with the teachings of Christ. As a **Christian Role Model**, I will encourage all volunteers to assume leadership roles and to conduct themselves with a Christ-like attitude. I will seek to build them up and not tear them down.
- I will show proper respect for the host church, vehicles and tools. I will conduct myself in a thoughtful, safe manner at work and at play.
- I will participate fully in **all** camp activities and with a **positive attitude** will focus my energies to promote unity within the camp.
- I will abide by the following vehicle regulations:
 - Seatbelts to be worn at all times
 - No youth may ride in a vehicle driven by anyone under 21 years of age
 - No riding in pickup truck beds or trailers
- I recognize I will be relied upon to provide leadership especially at times when safety and issues of discipline are being compromised.
- I will adhere to the following rules and regulations established by U.M. ARMY:
 - Radios, tape/disc/mp3 players, cell phones for youth are not permitted
 - Alcohol, illegal drugs and tobacco products are not permitted
 - No one may enter the dorm of the opposite sex
 - Everyone must dress appropriately
- I will read the U.M. ARMY Travel Guide and will abide by and adhere to all that is printed within.

Covenant Agreement / Release Form

By my signature below I acknowledge that I have read, understand and agree to the U.M. ARMY liability, press and medical release above. I have also read the Covenant of Conduct above and agree to abide by it. **I affirm that all the information on the U.M. ARMY Individual Registration form is correct.**

x _____
Participant's Signature (*youth / young adult / adult*) **Date**

x _____
Parent/Legal Guardian Signature (*required for all participants 17 and under*) **Date**

<p>ATTENTION: Participating Church Coordinator Return <u>Original and Two Copies</u> to: U. M. ARMY Northeast Office, 43 Stone Ridge Rd. Westford, MA 01886 Retain <u>One Copy</u> for Church Records</p>
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