



U.M. ARMY-Texas Conference 2011 INDIVIDUAL REGISTRATION FORM

Please Print

Form 06-11T

Revised 9-10

<input type="checkbox"/> HIGH SCHOOL Work Camp All Youth Must Have Completed Grade 8 & older	<input type="checkbox"/> CHRISTMAS BREAK Work Camp Currently in grades 9-12 & older	<input type="checkbox"/> Youth Grade (circle one) 8 9 10 11 12
<input type="checkbox"/> COLLEGE Work Camp One full year out of high school and older	<input type="checkbox"/> SPRING BREAK Work Camp Currently in grades 9-12 & older	<input type="checkbox"/> Young Adult 1 yr out of H.S. to 20
<input type="checkbox"/> Adult 21 & older		

Last Name	First Name	Preferred Name	Circle One Male Female	Age	Birth Date
Street Address	City, State & ZIP		Home Phone # (10 digit)		
Parents Name(s)-(H.S. students only)	Parent's Cell Phone (10 digit)		Your Cell Phone (10 digit)		
Your Email address	Emergency Contact		Emergency Phone # (10 digit)		

Participating Church	City	Name of Church Contact						
Type of Vehicle You Will Drive at Camp (Age 21 & Older)	# Seatbelts	T Shirt Size <i>Circle One</i>	S	M	L	XL	2XL	3XL
List All Medical Conditions, include Allergies			List All Medications That Will Be Taken At Camp					

Include Additional Information Sheet If Necessary for Medical Conditions or Medications

Have You Attended U.M. ARMY?	# of Times?	Last Year Attended	Adults, Circle The Leadership Role In Which You Are Willing To Serve					
Yes No			Camp Director	Program Coordinator				
			Administrative Coordinator	Kitchen Coordinator				
			Safety Coordinator	Site Coordinator				
			Tool Coordinator	Work Team Adult				

Everyone, Rank Your Skill In The Areas Listed Below 1=Novice 2=Familiar 3=Very Experienced

<input type="checkbox"/> First Aid <input type="checkbox"/> Music <input type="checkbox"/> Roofing <input type="checkbox"/> Carpentry <input type="checkbox"/> Administrative Skills <input type="checkbox"/> Food Service		
Medical Insurance Information	List First And Last Names Of Other Family Members Attending This Work Camp	List Any Special Dietary Needs Including Food Allergies
Insurance Company Name		
Policy Holder		
Group Number		
Insurance Company Verification Phone #		

SAFE SANCTUARY APPROVED, MUST BE CHECKED BY CHURCH COORDINATOR

Covenant Agreement / Release Form

By my signature below I acknowledge that I have read and understand the U.M. ARMY Covenant of Conduct on the back of this form and agree to abide by it. I have also read and agree to the Press and Medical Release terms on the back of this form.

I affirm that all the information on this U.M. ARMY Individual Registration form is correct.

X _____ **X** _____

Participant's Signature
(youth / young adult / adult)

Parent/Legal Guardian Signature
(required for all participants 17 and under)

MAKE A COPY FOR YOUR RECORDS, THEN RETURN ORIGINAL TO YOUR **Church Coordinator**

Church Coordinator: MAIL ALL FORMS WITH FINAL PAYMENT TO:

U.M. ARMY-Texas Conference PO Box 590103 Houston, TX 77259-0103

Questions? Contact Elyse or David: 281-479-0103; elyse@umarmytx.org; david@umarmytx.org

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.

Liability, Press and Medical Release

- I wish to volunteer my services with U.M. ARMY Youth Mission Program. I acknowledge and agree that the nature of the services to be performed 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. I further acknowledge and agree that the services 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, but are not limited to, 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; contact with unidentified and unfamiliar persons; and the risks of failure, misuse and malfunctioning of 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 directors, officers, employees, trustees, agents, volunteers, coordinators, participants, equipment providers, and Program clients, and covenant not to sue such persons for, any and all liabilities, actions, causes of action, demands, damages (including but not limited to any illness, death, bodily injury, personal injury or property damage) and claims of every kind or nature, either in law or equity, which arise or may hereafter arise out of any activity associated with or my participation in the Program;
- I authorize publication, broadcast or other use of my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity 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.