



# REGISTRATION FORM

Form 2011-NAT

Revised 10-10

<b>HIGH SCHOOL Work Camp</b>				← Please Mark With An X The Appropriate Box  Do Not Write In Any Shaded Area					
<input type="checkbox"/> Youth [9-12 grade] <input type="checkbox"/> Adult [21 & over]									
<input type="checkbox"/> Young Adult [one year out of H.S.-through 21]									
Last Name		First Name		10 Digit Home Phone					
						M	F		
Street Address		City	State & Zip	Date of Birth	Age	Sex (Circle Please)			
10 Digit Cell Phone # Participating Adult OR→		10 Digit Cell Phone # Parent / Guardian Of Participating Youth		10 Digit Phone # Emergency Contact (Not a Parent)					
Emergency Contact Name (Not a Parent)		Participant Email Address			Year Of Last Tetanus Shot				
Participating Church		City	Name Of Church Contact						
List Any & All Special Medical Problems/Allergies Include Additional Information Sheet If Necessary			List All Medications That Will Be Taken At Camp Include Additional Information Sheet If Necessary						
				9	10	11	12		
Employer Name of Adult Participant OR Employer Of Parent/Guardian of Participating Youth		Occupation - Participating Adults Only	Grade Completed, Please Circle Appropriate Box (High School Participants Only)						
Type Of Vehicle You Will Drive At Your Work Camp (Age 21 & Older)						Number Of Seats With Seat Belts Including Driver			
<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				
Rank Your Skill In The Above Areas    1=Novice    2=Familiar    3=Expert									
Y	N			S	M	L	XL	2XL	3XL
Have You Attended U.M. ARMY ?	How Many Times	Last Year Attended	T Shirt Size (Circle Appropriate Box)						
<b>Medical Insurance Information</b>			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 #									

**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

**Participating Church Coordinator:**  
 Return Original and 3 Copies to U.M. ARMY - National, P. O. Box 12170, College Station, TX 77842  
 Retain One Copy for Participating Church Coordinator

### **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.