

**Thank you for completing and returning your registration AND payment by January 4th, 2010**

**KNOW THAT THE STEEP LATE FEES ASSURE ADEQUATE FOOD, HOUSING AND ADULT SUPERVISION FOR OUR GRR YOUTH.**

	<b>Dates</b>	<b>Location</b>	<b>Fee BEFORE Deadline (Jan 4)</b>	<b>Fee AFTER Jan 4 deadline</b>
Westside Mission Weekend	1/15 – 1/18	Westside Mission in New Orleans	\$ 60	\$120

***Be sure to complete and return ALL FIVE pages of this form***

I am registering as a: \_\_\_\_\_ Female  
 \_\_\_\_\_ Male

\_\_\_\_\_ YOUTH participant  
 \_\_\_\_\_ ADULT participant, in the role of: \_\_\_\_\_

My T-SHIRT size is:  **S M L XL 2X 3X** 

Your First Name: \_\_\_\_\_ Your Last Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State AND Zip: \_\_\_\_\_

Your Church Name AND City: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Your Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Your EMERGENCY Contacts (please list two persons w/all options for contacting them):

1 – Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Info: \_\_\_\_\_

2 – Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**All Mission Weekend Registrations Are Due IN THE REGIONAL Office By Jan. 4**

**Current Medical Condition(s)**

Please describe current medical condition(s): \_\_\_\_\_  
\_\_\_\_\_

Please list allergies, including food allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list any disease exposure, including Chicken Pox, Mumps, Measles, etc: \_\_\_\_\_  
\_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_

Please list any restricted activities, e.g., swimming: \_\_\_\_\_

I am current on all vaccinations \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

The following medications may be dispensed by event staff as needed:

- \_\_\_\_\_ Acetaminophen                      \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Pepto Bismol                        \_\_\_\_\_ Skin Creams

**\*\*\* VERY IMPORTANT INFORMATION \*\*\***

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Claim Approval Hotline: \_\_\_\_\_

Please share any other information we may need to know while caring for your child away from home:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian PERMISSION TO ORDER MEDICAL PROCEDURES (Section I)**

I, \_\_\_\_\_ give the adult leader(s) for this event  
(Parent/Guardian Name)  
permission to order any necessary medical procedures for \_\_\_\_\_  
(Child's Name)

I understand that Event insurance (paid by GRR) is secondary coverage only. Primary responsibility for medical treatment belongs to me and to my health insurance provider. I agree not to hold liable for any uninsured medical expenses the Great River Region, its employees and agents.

⇒ **Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian PERMISSION FOR YOUTH TO PARTICIPATE (Section II)**

I, \_\_\_\_\_ do hereby give permission for my child  
(Parent/Guardian Name)  
(named above) to participate in the above referenced event, including other locations connected with the event and transportation to/from those locations.

I furthermore agree to immediately pick up my child from the event should my child be found to possess alcohol, controlled substances or tobacco; verbally, physically or sexually assault another; engage in illegal activity; or blatantly disregard other event guidelines or instructions from event leaders. I am in full agreement with the intent of this event, i.e., to assist my child in developing a deeper relationship with Jesus Christ and growing into the person God has called my child to become.

⇒ **Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian MEDIA RELEASE (Section III)**

Typically, during GRR Youth Experiences, staff & participants capture the event on film or video. GRR asks your permission to publish such photographs and videos in connection with GRR Youth Experiences promotional materials.

\_\_\_\_\_ YES, I DO give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

\_\_\_\_\_ NO, I DO NOT give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

⇒ **Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth COVENANT OF CONDUCT (Section IV)**

As a youth participant, I agree to follow all rules and instructions set forward by the adult leadership of this event. When working at a work site, I agree to follow all instructions and safety guidelines given to me by my site manager. I agree to have a good attitude throughout this event and to behave in a manner consistent with my Christian faith. I understand that if I break event rules, I can be sent home at my family's expense.

⇒ **Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PASTOR'S SIGNATURE:** \_\_\_\_\_  
(Thanks for having your pastor sign this form, as it assures clear communication between your congregation and the GRR.)

Please return **ALL 4 PAGES** of this form **NO LATER THAN** January 4<sup>th</sup> TO:  
Great River Region of the Christian Church ~ Box 192058, Little Rock, AR 72219  
Phone: 888-241-5531 ~ Fax: 501-562-7089 ~ www.grcc.org

To aid our staff in caring for your child during these overnight, away-from-home events, please complete this "CAMPER PROFILE." Also, please commit to praying for both the spiritual growth and physical safety of all of the children attending camp this summer.

**CAMPER'S NAME:** \_\_\_\_\_

- Please share your child's expectations for camp. Please share whether this is your child's first time at camp.
  
- Please describe your child's personality:
  
- Please share your child's likes & dislikes:
  
- Please share your child's interests and talents:
  
- Please share how your child is best consoled when upset:
  
- Please indicate your child's level of swim ability:
  
- Please indicate your child's allergies (including food):
  
- Please list your child's medicine(s), including the reason for medicine(s):
  
- Please review the list below and indicate any areas which cause you concern for your child. Please elaborate on such concern. Use additional paper if needed
 

_____ Short Attention Span	_____ Demanding/Aggressive Behavior
_____ Personal Hygiene	_____ Hyperactivity
_____ Sleeping habits/concerns, incl sleepwalking	_____ Physical Restrictions
_____ Other	

***Be sure to complete ALL FIVE pages of this form***

# Westside Mission New Orleans, LA

## Volunteer Release & Waiver of Liability

504-715-1465 ~ [BroVance@grrcc.org](mailto:BroVance@grrcc.org) ~ 888-241-5531

Mailing Address: Box 192058, Little Rock, AR 72219-2058

**Please Read Carefully. This is a Legal Document that affects your Legal Rights.**

**Each volunteer must complete a Release Waiver and Emergency Contact form prior to beginning work. Thank you!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2010, by \_\_\_\_\_ (the "Volunteer"), and (in case of a minor child) \_\_\_\_\_, the parent having legal custody and/or legal guardian of the Volunteer ("the Guardian"), in favor of Westside Mission, a ministry and Louisiana nonprofit organization, their directors, officers, employees, and agents & partners (collective, "Westside"). Said Volunteer, parent, and/or legal guardian also release and waive any liability to and other organizations with whom we work as set forth below.

The Volunteer (and Guardian) desires that the Volunteer works as a volunteer for Westside Mission and engage in the activities related to being a volunteer (the "Activities"). The Volunteer (and Guardian) understands that the Activities may include but not be limited to cleaning, rehabilitating, and constructing buildings, working in Westside Mission offices and facilities, and living in housing provided for volunteers of Westside Mission. The Volunteer (and Guardian) hereby freely, voluntarily, and without duress executes this Release under the following terms.

- 1. Release and Waiver.** The Volunteer (and Guardian) does hereby release and forever discharge and hold harmless Westside Mission, its successors, and all who Westside Mission partners with and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Westside Mission. The Volunteer (and Guardian) understands that this Release discharges Westside Mission from any liability or claim that the Volunteer may have against Westside Mission with respect to any bodily injury, personal injury, illness, death, or property damages that may result from Volunteer's work for Westside Mission, whether caused by the negligence of Westside Mission, its officers, directors, employees, or agents or otherwise. The Volunteer (and Guardian) also understands that, except as otherwise agreed to by Westside Mission in writing, Westside Mission does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. Medical Treatment.** Except as otherwise agreed to by Westside Mission in writing, the Volunteer (and Guardian) does hereby release and forever discharge Westside Mission from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Westside Mission, or (in case of a minor child) with the decision by any representative or agent of Westside Mission to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.
- 3. Assumption of the Risk.** The Volunteer (and Guardian) understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to: construction, loading and unloading, and transportation to and from work sites. The Volunteer (and Guardian) hereby expressly and specifically assumes the risk of harm in the activities and releases Westside Mission from all liability for injury, illness, death, or property damage resulting from the Activities.
- 4. Insurance.** The Volunteer (and Guardian) understands that, except as otherwise agreed to by Westside Mission in writing, Westside Mission does not carry or maintain health, medical, or disability insurance for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health and auto insurance coverage.
- 5. Media Release.** The Volunteer (and Guardian) does hereby grant and convey unto Westside Mission all right, title, and interest in any and all photographic images or video or audio recordings made by Westside Mission during the Volunteer's Activities with Westside Mission, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Rules & Regulations.** The Volunteer (and Guardian) expressly agrees to abide by all Rules & Regulations of Westside Mission. Not doing so could result in the Volunteer and/or his/her group being removed from our facilities.
- 7. Other.** The Volunteer (and Guardian) expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Louisiana. The Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Group You Are With: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION HERE IS ACCURATE AND HEREBY EXECUTE THIS RELEASE.**

I am 18 years of age or older. Yes \_\_\_\_\_ No \_\_\_\_\_

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

Signature of Parent/Guardian (for volunteers under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR VOLUNTEERS UNDER 18:** Parent/Guardian, please initial for consent:

\_\_\_\_\_ Volunteer has permission to work on rooftops \_\_\_\_\_ Volunteer has permission to operation power tools/equipment