

# Sulphur Springs Work Camp

## Individual Registration Form

### June 4-7, 2017

Name \_\_\_\_\_ Teen Adult ( circle one)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade just completed \_\_\_\_\_

T-shirt size (adult): S M L XL XXL (circle one)

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church you regularly attend \_\_\_\_\_

Church you are attending SSWC with \_\_\_\_\_

Are you willing to climb ladders (and have parents' permission)? YES NO (circle one)

Have you ever helped paint a house? YES NO (circle one)

Are you bilingual? YES NO (circle one)

Your level of SSWC ability: Beginner Intermediate Advanced (circle one)

Any special skills? \_\_\_\_\_

Have you participated in SSWC in the past? YES NO (circle one) Number of years \_\_\_\_\_

Do you give consent to SSWC to use your child's image in media (video/photography) throughout the course of SSWC? YES NO (circle one)

#### **REGISTRATION FEE SCHEDULE**

##### Students:

Early registration fee = \$75 per student through May 14th, 2017

Late registration fee = \$100 per student through May 24th, 2017

Walk up registration fee = \$100 per student on June 4th, 2017 (space permitting)

##### Adults:

Registration fee for Crew Leaders \$25 per adult.

Youth Pastor's free when registering your group with SSWC.

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# Medical Release Form

(to be filled out by ALL applicants, adult and teen)

Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group / Member # \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies/Health Problems \_\_\_\_\_

List any medications you'll bring to SSWC \_\_\_\_\_

Explanation \_\_\_\_\_ Date of last tetanus \_\_\_\_\_

If the parent/guardian listed on the other side cannot be reached, who should we contact in case of emergency?

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

As a parent/guardian of the applicant, I hereby give my approval and consent to this application, and therefore release any sponsoring congregation, Sulphur Springs Work Camp staff member, and SSISD with whom my child will be lodging from any and all liability for sickness, accidents, or injuries of any nature caused whatsoever, while attending and traveling to or from Sulphur Springs Work Camp. The undersigned does also give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in Sulphur Springs Work Camp. I further give authorization for the camp director or any approved SSWC personnel to transport my child to a local doctor's office or hospital emergency room and to secure the services of a licensed physician. I further promise to utilize family insurance for any major medical care requiring hospitalization and agree that I shall be liable and pay for all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_