

**CHRISTIAN ENDEAVOR COLUMBUS DAY WORK CAMP
OCTOBER 10 – 13, 2003
ADULT REGISTRATION/MEDICAL INFORMATION FORM
(18 YEARS AND OLDER)**

Please print information clearly in black or blue ink.

PARTICIPANT'S NAME _____
Gender: M or F Birth Date _____ E-Mail _____
Street Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____

CHURCH _____ Pastor _____
Street Address _____ Youth Leader _____
City _____ State _____ Zip _____ Phone (_____) _____
Email _____ FAX (_____) _____

GENERAL HEALTH INFORMATION:

List any medications needed; physical limitations; allergies to food, drugs or bee stings etc.; current illnesses; concerns like asthma, heart problems, diabetes, seizures or any other helpful information:

Date of last tetanus shot _____

HEALTH INSURANCE CO: _____ Member #: _____
Address _____ Insurance Agent _____
Physician _____ Phone (_____) _____
Dentist _____ Phone (_____) _____

Please photocopy the front and back of your insurance card & attach to the registration form.

EMERGENCY CONTACT PERSON: Who can we call in case of an emergency?

Name _____ Relation _____
Address _____
Home Phone (_____) _____ Work Phone (_____) _____
Cell Phone (_____) _____

PARTICIPANT AGREEMENT

I, _____, will attend the WORK CAMP sponsored by Christian Endeavor. I agree to participate in the entire program with enthusiasm. I will conduct myself in a Christian manner and agree to follow the Teen Commandments and all other rules as outlined for me.

Signature of Participant _____ Date _____