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SPRING MISSION WORK CAMP

PA CHRISTIAN ENDEAVOR

ADULT REGISTRATION/MEDICAL INFORMATION FORM
(18 YEARS OF AGE AND OLDER)

May 4 - 6, 2007

Carnegie, PA

South of Pittsburgh

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 (____) _____ Cell (____) _____

CHURCH _____ Pastor _____

Street Address _____ Youth Leader _____

City _____ State _____ Zip _____ Phone (____) _____

GENERAL HEALTH INFORMATION:

In case of a medical emergency, list any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. *Youth leaders are responsible for dispensing any over-the-counter medications to their teens.* _____

_____ Date of last tetanus shot _____

HEALTH INSURANCE INFORMATION:

Your insurance card information is necessary. Please make certain a photocopy of the front and back of your insurance card is attached to the registration form.

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

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

Name _____ Relation _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

ADULT PARTICIPANT AGREEMENT

By signing below, you agree to participate in the entire Life Builders, a PA Christian Endeavor Mission Work Camp program, with enthusiasm. "I will conduct myself in a Christian manner and agree to follow the Teen Guidelines and all other rules as outlined for me."

Signature of Participant _____ Date _____

Due Dates for Payment and Registration Forms

\$80 due April 5, 2007 ♦ Registrations after April 5, 2007 – add \$20