

# BUILD Work Camp - June 6 - 12, 2010

## Young Adult Ministry Event Registration Form

Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Address \_\_\_\_\_  
Street City/Town State / Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Home Congregation \_\_\_\_\_  
Name City/Town State

Prior Servant Trip Experience \_\_\_\_\_

Special Needs: \_\_\_\_\_  None

### Liability Release Form

I, \_\_\_\_\_, release Housing Oriented Ministries Established for Services, Inc. (HOMES, INC.) from any claims or causes of action that may occur while I am involved as a volunteer for HOMES, INC.

Volunteer Name (printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Information (During the Event) Please provide 3

Name (printed) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name (printed) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name (printed) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Event Expectations

- All participants will respect the personal property of others and of the event site(s) and if responsible for damage, to pay for it.
  - Full participation in all activities is required.
  - Participants are expected to return to and remain in their rooms at lights out, respecting the need for rest.
  - Directions from adult leaders will be heeded.
  - Alcohol, tobacco, illegal drugs, weapons, and fireworks are prohibited.
  - All participants will respect the feelings and viewpoints of others, and will keep in mind they are living in a intentional, temporary, caring community.
- Participants will make sure that an advisor knows where they are at all times. If it becomes necessary for an individual or small group to go somewhere, they will discuss with an advisor before going.

**AGREEMENT** By this signature, I agree to abide by the above stated expectations of the event. I acknowledge that I am responsible for my own participation, safety and acceptance of guidelines established for the event, including curfew. I will also encouragement the conscientious participation of all the young adults attending, their regard for others through the acceptance of guidelines established for the event, including curfew, and their physical well-being. This is a promise I make with the community.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# Permission, Health History, and Medication Consent Form - Adult

Name \_\_\_\_\_

Health History: Current Illnesses / Chronic conditions: \_\_\_\_\_

\_\_\_\_\_  None

Date of most recent Tetanus booster \_\_\_\_\_

Medications taken on a regular basis: [Name / Strength / Dosage] \_\_\_\_\_

\_\_\_\_\_  None

Allergies (with reactions / precautions) \_\_\_\_\_

\_\_\_\_\_  None

Restrictions \_\_\_\_\_  None

## Consent Form for Medical Treatment and Photo Release

In case of an emergency while traveling and during the event, if I am unable to give authorization in person, I give the event leaders permission to seek whatever medical assistance they deem necessary. I understand that precautions will be taken to avoid injury. I will not hold the Metro DC ELCA event leaders, or any other party involved in the planning of the event responsible in case of an accident.

I also grant the Synod & ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A PHOTOCOPY OF YOUR MEDICAL CARD**

The following over-the-counter medications will be available. By initialing, you are indicating that there are no contraindications for you in taking these for purpose listed.

- \_\_\_\_\_ **Acetaminophen (Tylenol®)**      *Indications: Headache, Pain, Fever*  
\_\_\_\_\_ Dose: 325 mg. 2 tablets every 4-6 hours; maximum of 12 tablets/24 hours  
\_\_\_\_\_ Dose: 500 mg. 2 tablets every 4-6 hours; maximum of 12 tablets/24 hours
- \_\_\_\_\_ **Ibuprofen (Motrin®, Advil®)**      *Indications: Headache, Muscle aches, Pain, Fever*  
Dose: 200 mg. 1-2 tablets every 4-6 hours; maximum of 6 tablets/24 hours
- \_\_\_\_\_ **Imodium® A-D Caplets**      *Indications: Diarrhea*  
Dose: 2 caplets at first, then 1 after each loose stool if needed; maximum of 4 caplets/24 hours
- \_\_\_\_\_ **Antihistamine (Benadryl®)**      *Indications: Insect bite, allergic reaction*  
Dose: 25 mg. 1-2 tablets every 4-6 hours; maximum of 12 tablets/24 hours
- \_\_\_\_\_ **Antihistamine (Chlor-Trimeton®)**      *Indications: Runny nose due to hay fever/upper respiratory infection*  
Dose: 4 mg. 1 every 4 hours; maximum of 6 tablets/24 hours
- \_\_\_\_\_ **Decongestant (Sudafed®)**      *Indications: Nasal congestion due to common cold, hay fever, upper respiratory infection*  
Dose: 30 mg, 1-2 every 4 hours up to four times/24 hours
- \_\_\_\_\_ **Topical hydrocortisone (Cortaid®)**      *Indications: Itchy rash*  
Dose: Apply as needed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_