

SUMC Registration Form for Workcamp Participants

Activity: **SUMC Workcamp Program and all associated activities** Dates: **8/25/2014- 8/31/2015**

Workcamper Information (Youth and Adults)

Name _____ Home Phone _____

Cell Phone _____ Email _____ T-Shirt Size _____

Date of Birth _____ Grade in School (if applicable) _____ Gender (M/F) _____

Workcamper Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Physician _____ Phone: _____

Dentist _____ Phone: _____

Preferred Hospital (optional) _____ Date - Last Tetanus _____

Emergency contact(s) and phones: _____

Known allergies, medical and emotional problems. Please explain and give details of necessary action:

Medications taken: _____

Health Insurance Provider _____ Policy ID # _____

Provider Address _____ Telephone: _____

Name of Policyholder _____ Group #(if applicable) _____

For Workcampers: I agree to follow all rules of the SUMC Workcamp Program. I also agree to act in a Christian manner at all times and to remember that I am an ambassador of Shenendehowa United Methodist Church. . If I am a Youth Workcamper, I agree to follow the directions given to me by the adult Workcamp leaders.

Workcamper Signature _____ **Date** _____

For Workcampers Under 18:

Parent/Guardian Name(s) _____ Home Phone _____

Work Phone _____ Cell phone _____

Parent/Guardian Email _____

I give permission for my child to participate in the SUMC Youth Workcamp Program for 2014-2015. I give consent to group leaders to secure any necessary emergency medical or dental care for my child.

Parent or Guardian Signature _____ **Date** _____