

# River of Life (ROL) Participant Registration/Health/Emergency Permission Slip

Participant's Name \_\_\_\_\_ Upcoming Grade \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Home Church \_\_\_\_\_ Adult T-Shirt Size (circle one) S M L XL XXL

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special Dietary needs or Allergies: \_\_\_\_\_

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**Participants:** I understand that ROL event leaders will assign me to a work team. Though I am willing to joyfully work on any team, I prefer to be assigned to a (CHECK ONE):

\_\_\_\_\_ painting team (ladders involved)

\_\_\_\_\_ building team (repairing or constructing porches, wheelchair ramps, etc.)

\_\_\_\_\_ assign me where I am most needed and can best serve the Lord.

I also understand that ROL is a unique event with adult leadership at many levels. I will respect all of the leaders from my church, participating churches, and the hosting church. I will behave in a Christian manner at all times. I will dress modestly and appropriately at all times (no spaghetti straps, short shorts or skirts. Boots/tennis shoes are required on the work sites). I will not bring electronic devices such as cell phones or mp3 players onto the work sites (please check with your group leader as to their electronic policy for trips). I understand that if I do not adhere to these policies I may be asked to change clothes or to turn over the electrical device for safe keeping with my church leader. I will not bully other participants. I will not possess or use tobacco, alcohol, drugs or firearms while at ROL. If these offenses are made, my parent/guardian will be notified along with the necessary authorities, and I will be removed from the ROL event at my parent/guardians expense.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parents/Guardians:** If there is a type of work team you do not want your child assigned, please indicate that here \_\_\_\_\_.

I give my permission for my child to participate in the ROL event during **JUNE 5-9 2019**. I understand my child will be assigned to a work team that may involve painting, porch construction or other home repairs/improvements. In case of emergency, I realize every attempt will be made to contact me. In the event I cannot be reached. I hereby authorize the ROL leaders to sign for medical treatment for my child. I will not hold ROL, the participating churches, the directors/leaders, or youth workers liable for any injuries occurred by my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## River of Life (ROL) Participant Registration/Health/Emergency Permission Slip Cont'd.

I hereby give my permission for ROL leaders to seek medical help for \_\_\_\_\_ in any situation they deem to merit such help. I also give permission for medical and emergency response personnel, in my absence, to administer any treatment, including surgery, that they deem to be necessary during the time my child is in route to and from, and participating in, the ROL event to be held at Stark United Methodist Church on **JUNE 5 – 9, 2019**.

Is the youth named above covered under hospitalization insurance? ( ) YES/ ( ) NO if no skip to 4.

1. Does the youth have an insurance card? ( ) YES/ ( ) NO, please attach a copy if yes.

2. Name of Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of person in which insurance is carried: \_\_\_\_\_

3. Family Physician: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Students Blood Type: \_\_\_\_\_

4. Primary Emergency Contact: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Church Contact (youth director/trip leader): \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

5. List any allergies to medications, foods, insect stings, etc.: \_\_\_\_\_

7. Does the student take routine medication? ( ) YES/ ( ) NO if yes list medication, strength & schedule

\_\_\_\_\_

8. Are there medical conditions which are relevant to your student's participation in River of Life:

( ) YES/ ( ) NO if yes please explain \_\_\_\_\_

\_\_\_\_\_

My child has my permission to be assigned to work team that will paint, build/repair porches, and other exterior home repairs and improvements. (any type of work I have not approved has already been so noted on my child's registration form). I will not hold River of Life, its directors, coordinators, host churches, participating churches, or counselors for any inquiries incurred by my child. I will not allow my child to drive during the event. If they have their own vehicle present I understand that their keys will be submitted to the director for safe keeping upon registration.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_