

CAMP HOPE
P.O. BOX 420
FROSTBURG, MD 21532

REGISTRATION CARD 2008

Full Name _____ Nickname _____

Youth group or church _____

Your complete address (including zip code) _____

Home Phone _____ Circle One: Male Female

Roommate choice _____

Date of Birth _____ Age _____

Parent/Guardian _____

Parent's Phone Mom (day) _____ (night) _____

Dad (day) _____ (night) _____

Medical Insurance Company _____

Policy # _____ Group # _____

Doctor's Name _____

Medicine you are taking _____

Medicine you cannot take _____

Allergies _____

Health Problems or conditions _____

Had a tetanus shot in the last three years Yes _____ No _____

If your age is under 21, you must have a parent's signature

**IN THE EVENT OF ILLNESS OR INJURY, I GIVE PERMISSION FOR MY CHILD TO
RECEIVE MEDICAL TREATMENT IN ALLEGANY COUNTY.**

Parent's Signature _____

(Continued on back)

NAME _____
WEEK ATTENDING _____
CHURCH _____
PARTICIPANT'S AGE _____

RELEASE FORM FOR CAMP HOPE 2008

In consideration of my being able to participate in the activities of **CAMP HOPE, INC.**,
I _____ do hereby release and agree to hold
harmless FROSTBURG UNITED METHODIST CHURCH, FROSTBURG STATE
UNIVERSITY, CAMP HOPE and/or its employees, directors, and volunteers in the event such
claim is made.

Further, I _____, shall indemnify and reimburse CAMP
HOPE for any and all costs incurred by me/and or the insured, as a result of any injury,
including but not limited to court costs, legal fees, and costs to investigate.

It is my understanding that CAMP HOPE does not carry any insurance on or for me, and
it is my responsibility to obtain and possess medical insurance before I attend CAMP HOPE. I
understand that I may not attend CAMP HOPE without medical insurance. I further understand
that CAMP HOPE does not carry liability insurance for me and it is my responsibility to obtain
such coverage should I desire it.

Participant's Signature

Parent or guardian (if Participant is not 18 years old)

Date _____

Camp Hope Covenant 2008

"It is understood that work campers participating in the Camp Hope project will make the following covenant:

1. We will attend the full Camp week from Sunday noon through the following Saturday.
2. We will participate fully in the work projects, activities and worship experiences each day.
3. We will work cooperatively with the staff and the other campers to benefit the homeowner. We will respect the dignity of the people whose homes are being repaired.
4. We will follow all rules established by Camp Hope.
5. We will share the love of Christ with other work campers and the homeowners.
6. We will complete a vesper service."

Signed by participant _____ Date _____

Signed by parent/guardian _____ Date _____

**Reisterstown United Methodist Church
Youth Mission Trips 2008
Registration Form**

Youth Name _____ Age/Grade _____

Address _____

Phone _____ Contact E-mail _____

T-shirt size (circle one) Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

Which mission trip do you want to attend? (circle one)

Camp Hope (Frostburg, Maryland) *YouthWorks (Steubenville, Ohio)*

Why do you want to attend a mission trip this summer?

Please list previous mission trip/work camp experience. Also list experience with home repair, painting, or working with children.

Please return this RUMC registration form along with all of the forms included in the packet for the camp you wish to attend. We also need a copy of your insurance card. You must have an RUMC emergency medical form (blue) and youth covenant (orange) on file. These are available from Jill or in the church office.

The registration deadline for both camps is February 3rd. A \$100 deposit is also due by February 3rd. (You can turn in the registration forms before the money.) Registration materials can be turned in to the office or directly to Jill (under Jill's office door is fine too). You have almost an entire month to register—PLEASE DO NOT WAIT UNTIL THE LAST MINUTE! Registration for a camp will close if we reach our maximum number of participants for that camp. We cannot accept late registrations because we need to send our final count and our deposit in to the camps.

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Youth Mission Trips 2008
Registration Form

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Address _____

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T-shirt size (circle one) Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

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2008 YouthWorks Release Form

(To be filled out by both Youth and Adults)

Name of Participant (please print) _____

Participating with (Church or Organization Name) _____

Name of Site _____ Week Attending _____

Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release YouthWorks!, Inc., its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the YouthWorks organization.

*During the week your child is with YouthWorks, they may be photographed or video taped for promotional materials.

Transport Home Agreement for Students

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks, or are of legal consenting age myself. I/we understand that a member of the YouthWorks staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. YouthWorks or the lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks!, Inc., or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize _____, the lead adult of our group, or a member of the YouthWorks staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full Name _____ Date of Birth ____/____/____

Home Address _____ Phone _____

Date of Last Tetanus Shot _____ Known Allergies _____

Current Medications or Health Conditions _____

**Please attach a copy of your insurance card to this form.*

Emergency Contact Information

1) _____
Relationship to Participant _____
Home Phone _____
Work Phone _____
Cell Phone _____

2) _____
Relationship to Participant _____
Home Phone _____
Work Phone _____
Cell Phone _____

Insurance Information

Name of health insurance company _____
Health insurance policy number _____
Phone/address of health insurance company _____
Name of policy holder _____
Policy holder's phone number _____

Participation on a YouthWorks trip is contingent upon compliance with all the policies stated on the previous page.

- Liability Release
- Transport Home
- Medical Release

Participant/Adult Leader (Print) _____

(Signature) _____ Date _____

Parent/Guardian (1) (Print) _____

(Signature) _____ Date _____

Parent/Guardian (2) (Print) _____

(Signature) _____ Date _____

*If the participant is older than 18 years, no Parent/Guardian signatures are necessary.

2008 Youth Covenant

In order to have a safe and life-changing mission experience, clear expectations are needed between all who are involved. We desire to serve communities without bringing them any harm, as a result, we ask all participants of YouthWorks trips, to agree to the following expectations in accordance with the purpose of a YouthWorks mission trip.

The goal of the covenant is to ensure the knowledge of YouthWorks policies, solidify your commitment to your group and demonstrate your respect of the community you will be serving.

- Because I want to truly help others as Jesus did, I agree to bring a servant, joyful attitude. I understand that I am on the trip to serve God, help a community, build new relationships and learn new things. I agree to come prepared to do so!
- Because I am aware that my actions have consequences beyond myself, I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring or use illegal substances on any YouthWorks controlled ministry sites, on the property of our ministry partners or in vehicles of any YouthWorks participants.
- Because I want nothing to distract me in this short week of serving others and because valuables are more susceptible to theft at a mission site, I understand that I am not to bring to the site an iPod, walkman, discman, portable radio or boom box, electronic games, lap top, mp3 player, portable DVD player or any other device that could potentially isolate me from those around me (including cell phones).
- Because I am coming and returning with a group, I agree that this mission week is a group experience. I will do my best to build community, create relationships, be welcoming and include others. I agree to treat everyone – leaders, staff, other groups and community members – with the utmost respect.
- Because I know that how I treat people's things makes a statement, I agree that I will respect the property of all participants, the community members and the housing site in which we stay. I will conduct myself as a representative of Jesus Christ at all times, remembering the purpose of the trip and my responsibility as a witness to the community.
- Because I know that my parents and leaders care about my well-being, and because I want to be safe, I agree to stay within the designated YouthWorks boundaries, stay in groups of three or more, respect gender specific areas (sleeping rooms and restrooms), follow rules at the ministry sites and communicate with my group.
- Because I know that I am representing Jesus Christ and want to respect the people around me, I agree to follow the clothing policy. I understand that the way I dress can affect my ministry and I will respect my group, the community and myself by dressing modestly.

I agree to follow all of the above expectations because I desire to represent Jesus in a positive manner at all times.

Participant Signature

Date

Parent/Guardian Signature

Date