# Nashville Workcamp Application | May 31-June 5, 2015

❑ Teen ❑ Adult (check one)

Name: _____ Birthday: _____ Grade: _____

Address: _____ Church you're attending with: _____

City/State/Zip: _____ Adult T-Shirt Size (circle one): **S M L XL 2XL**

Phone: (H) _____ (C) _____ Gender (circle one): **Male Female**

Email: (print clearly) _____

Please answer the following questions...

Yes No Are you willing to climb ladders, and do you have your parents' permission?

Yes No Have you ever helped paint a house before?

Please select your level of Workcamp experience...

❑ Beginner Special skills? _____

❑ Intermediate _____

❑ Advanced _____

## LIABILITY & MEDICAL RELEASE FORM

Name of Insured: _____ Insurance Company: _____

Policy Number: _____ Group Number: _____

Allergies/Health Problems: _____

List any medications you'll bring to Workcamp: _____

Explanation: _____

Date of last tetanus immunization: _____

As a parent or guardian of the applicant, I hereby give my approval and consent to this application, and therefore release any sponsoring congregation, Nashville Workcamp staff member, and/or member of a host family with whom my child will be lodging from any and all liability for sickness, accidents, or injuries of any nature caused whatsoever, while attending and traveling to or from Nashville Workcamp. The undersigned does also give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in Nashville Workcamp. I further give authorization for the camp directors or any approved Workcamp personnel to transport my child to a local doctor's office or hospital emergency room and to secure the services of a licensed physician. I further promise to utilize family insurance for any major medical care requiring hospitalization and agree that I shall be liable and pay for all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization.

Parents/Guardians signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____