

Adult Registration/Medical Release Form  
**NORTHSHORE WEEKEND OF THE CROSS – ALDERSGATE UMC , SLIDELL, LA - JULY 24-27 2019**  
**NO PARTIAL ATTENDANCE - NO EXCEPTIONS**

**YOU MUST CHECK-IN WEDNESDAY EVENING AND STAY UNTIL SATURDAY MORNING**

**ADULT:** (first,last) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Home Church: \_\_\_\_\_ T-shirt Size: S M L XL 2XL 3XL Fee: \$125.00  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_

---

**DRIVING INFORMATION:**

**Will you be able to transport youth and adults to a worksite? YES NO**

**How many occupants will your vehicle hold? \_\_\_\_\_**

---

**CONSTRUCTION EXPERIENCE:**

Have you ever attended a W.O.C. before?	Y N	If so, how many times? _____
Have you ever painted the exterior of a house?	Y N	Do you feel qualified to lead a team on a work project (specifically, ramp construction)? YES NO
Have you ever replaced siding on a house?	Y N	What tools/supplies could you bring to assist in any of the work projects?
Have you ever built a wheelchair ramp?	Y N	_____

---

Medical Insurance Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Allergies? \_\_\_\_\_  
Current Medical Conditions/Medications: \_\_\_\_\_  
Anything we should know about? \_\_\_\_\_

**(PLEASE SCAN OR COPY INSURANCE CARD TO THE BACK OF THIS FORM.)**

I/We the undersigned given our consent for him/her to attend Northshore Weekend Of the Cross at the host church listed above. I/We understand that there are inherent risks involved in any ministry event and hereby release the Baton Rouge District of the Louisiana United Methodist Annual Conference, Northshore Weekend Of the Cross and its Staff/Directors, and other volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my attendance. In the event that I become ill or injured and requires medical attention, I/we consent to any reasonable medical treatment as deemed necessary by licensed medical personnel. In the event treatment is required from a physician and/or other medical personnel, I agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should cost of that medical care not be reimbursed by the health insurance provider. \*\*I also give consent for the director(s) to take and post photos/videos from Northshore Weekend Of the Cross to Northshore Weekend Of the Cross Facebook page.\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name (print): \_\_\_\_\_

**TURN IN FORM TO CHURCH PASTOR/GROUP LEADER — MUST BE SUBMITTED AS A CHURCH, NOT AS INDIVIDUALS**

Please make checks payable to:  
Magnolia United Methodist Church — 16024 Greenwell Springs Rd — Greenwell Springs, LA 70739  
Memo: Northshore WOC