



Baltimore County Christian Workcamp Registration



Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 Church /Affiliation: _____

Registration Fee \$25.00 for the week or \$6.00 a day.

Each church sending 8 or more workers should also send a donation of at least \$100.00 for building materials. Churches sending fewer than 8 workers should send proportionate donations. Workers are urged to get the support of their local church to help with these expenses.

Registration Fee Enclosed: \$ _____ Donation Enclosed: \$ _____

Make all donation checks payable to:

Baltimore County Christian Workcamp; P.O.Box 10223; Parkville, MD 21234

Medical Information (Required)

Medication now taking: _____
 Allergies: _____
 Doctor's Name: _____
 Doctor's Phone: _____

Emergency Information (Required)

Emergency Contact Person: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Health Insurance Information (Required)

Health Ins. Carrier: _____
 Policy # _____
 Carrier's Phone # _____

I/We understand that, as a volunteer with the Baltimore County Christian Workcamp (BCCW), from July 16, 2017 – July 14, 2018, the work performed entails a risk of physical injury or illness, and may involve physical labor, heavy lifting and other strenuous activity, and some activities may take place on ladders, the roofs of buildings and other locations not at ground level. I/We certify that the volunteer is in good health and physically able to perform this type of work.

I/We understand that the volunteer is participating in the BCCW at his / her own risk. While participating in the BCCW, I /we assume all risk and responsibility for any damage or injury to the volunteer's property or any personal injury which the volunteer may sustain and the related medical costs and expenses.

I/We also agree to hold harmless and indemnify the BCCW, together with its officers, agents, servants and employees, for any liability sustained by BCCW as the result of the volunteer's negligent, willful or intentional acts, including expenses incurred attendant thereto. Further, I/we provide full authorization and permission to the BCCW to furnish any necessary transportation and food for the volunteer. (Note-For youth participating without a parent or sponsor, there may be times when he/she may be traveling or working with only one adult.)

By my signature, for myself, my estate, my heirs, I/we release, discharge, indemnify and forever hold the Baltimore County Christian Workcamp, together with its officers, agents servants and employees, harmless from any and all causes of action which may be caused by their negligence.

Photographs are taken throughout the BCCW week. The photos are placed on our website and other internet sites. If you do not want your photo taken or displayed on the internet, check this box

If volunteer is under 21, This form also must be signed by a Parent or Guardian

Date: _____ Under 21: Over 21:

Print Name of Volunteer: _____

Signature of Volunteer: _____

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

(If volunteer is under 21, this form also must be signed by a parent or guardian)