



# 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 5082 Timonium, MD 21094**

## Medical Information

Medication now taking: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_  
 Doctor's Phone: \_\_\_\_\_

## Emergency Information

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Health Insurance Information

Health Ins. Carrier: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Carrier's Phone # \_\_\_\_\_

I/We understand that, as a volunteer with the Baltimore County Christian Workcamp (BCCW), July 20, 2018,- July 30, 2019 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, agent's servants and employees, harmless from any and all causes of action which may be caused by their negligence.

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

Date: \_\_\_\_\_  
 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)*