

# River of Life Emergency Permission & Health Form

\*All participants must have a completed form on file before participating in ROL activities.

## **FOR YOUTH PARTICIPANTS:**

I hereby give my permission for River of Life counselors to seek medical help for my child, \_\_\_\_\_, in any situation they deem merits such help. I also give permission for medical and emergency response personnel, in my absence, to administer any treatment, including surgery, that they deem to be necessary during the time my child is en-route to and from, and participating in, the River of Life event to be held at Isle of Hope United Methodist Church on July 10th – July 14th, 2019.

My child has my permission to be assigned to a work team that will paint, roof, build and repair porches, and do other home repairs and improvements. (Any type of work I have not approved has already been noted on my child's Registration Form.) I will not hold River of Life, its Directors, Coordinators, Host Church, Participating Churches, or Counselors responsible for any injuries incurred by my child. I WILL NOT allow my child to drive during the event.

**Signature of Parent/Guardian** \_\_\_\_\_

Date \_\_\_\_\_

## **FOR ADULT PARTICIPANTS:**

I hereby give my permission for River of Life counselors to seek medical help for me, \_\_\_\_\_, if there is any situation they deem merits such help and I am unable to participate in that decision. I also give permission, if necessary, for medical and emergency response personnel, to administer any treatment, including surgery, they deem to be necessary during the time I am en-route to and from and participating in, the River of Life event to be held at Isle of Hope United Methodist Church on July 10th – July 14, 2019.

**Signature of Adult Participant** \_\_\_\_\_

Date \_\_\_\_\_

**FOR ALL PARTICIPANTS:**

1. Is the participant named above covered under hospitalization insurance? YES NO

\*If no, go to line 5.

2. Dose the participant have an insurance card? YES NO

IF YES, ATTACH A COPY OF THE CARD UNDER WHICH THE PARTICIPANT IS COVERED. THEY ARE NOT CONSIDERED REGISTERED UNTIL THIS CARD IS SUBMITTED.

3. Name of insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

4. Name of Person in which Insurance is carried: \_\_\_\_\_

5. Family Physician: \_\_\_\_\_

Physician's Office Telephone: \_\_\_\_\_

6. Primary Emergency Contact: \_\_\_\_\_

Number: \_\_\_\_\_

7. Secondary Emergency Contact: \_\_\_\_\_

Number: \_\_\_\_\_

8. Please list any allergies to medications, foods, insect stings, etc.

\_\_\_\_\_

9. List of regular medication and schedule:

\_\_\_\_\_

\_\_\_\_\_

10. Are there any medical conditions that are relevant to the participant's work and involvement at ROL?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## River of Life Participant Registration Form

\*All participants must have a completed form on file before participating in ROL activities.

Name: \_\_\_\_\_ Youth or Adult | Male or Female

If Youth, Grade just completed: \_\_\_\_\_ Age: \_\_\_\_\_

T-shirt Size: Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL (Circle One)

Participating Church: \_\_\_\_\_

Parent/Guardian/Spouse Name(s): \_\_\_\_\_

Home Phone/Parent's Cell Phone: \_\_\_\_\_

Special Dietary Requests or Allergies: \_\_\_\_\_

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**Participants:** I understand that River of Life event leaders will assign me to a work team. Though I am willing to joyfully work on any team, I would prefer to be assigned to: Job Descriptions Options: (Rank them in your top 2 choices 1 being first)

**Paint Team (Ladders Involved)**

**Construction Team (Repairing or Constructing porches, wheelchair ramps, facia. etc)**

**Roofing Team (Must be 15)(Working on shingled roofs)**

**Landscaping Team (No Ladders Involved- Working with weed eaters, Lawnmowers, etc)**

**Nursing Home Ministry (Working in local nursing homes environments)**

**Assign Me Where I am needed most and can best serve the Lord Youth**

If you **DO NOT** wish to participate in construction activity please initial here. \_\_\_\_\_

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### Youth Participants:

I understand that River of Life is a unique event with Adult leadership at many levels. I will respect all of the leaders from my church, participating churches and particularly the host church, Isle of Hope UMC. I will behave in a manner befitting a follower of Christ. I will dress modestly and appropriately and follow the dress code supplied to me. I understand that if I do NOT adhere to the dress code, I will be asked to change clothes into those provided. I understand that if I choose to bring a cell phone or other electronic device, it is at my own risk. I will not drive any vehicle during ROL. I will not possess or use tobacco, alcohol, drugs or firearms while at ROL. If these offenses occur, my parents will be notified along with the necessary authorities, and I will be removed from the ROL event at my parent's expense.

Signature of Youth Participant: \_\_\_\_\_ **Date** \_\_\_\_\_

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**Adult Participant:**

Cell Phone # \_\_\_\_\_ (to be able to reach you on the worksite)

Are you a driver? YES NO | Will it be your personal vehicle? YES NO | # of seats available? \_\_\_\_\_

*Personal Vehicle Info:* Make/Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Level of Insurance: Property Damage Liability: \_\_\_\_\_ Bodily Injury Liability: \_\_\_\_\_

**\*\*Attach a copy of your Driver's License to this form if you will be driving a vehicle during River of Life.**

Please list any specific work skills that you may be able to use at ROL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents/Guardians:**

If there is a type of work to which you don't want your child assigned, please indicate that here:

\_\_\_\_\_

I give my permission for my child to participate in the River of Life Mission Event on July 10th-14th, 2019. I have reviewed the information above and agree to support the leadership team and my youth in his/her commitment. I understand my child will be assigned to a work team that will paint, re-roof, or carry out other home repairs/improvements. I have completed the Emergency Permission Health Form in addition to this form and provided a copy of the appropriate Insurance Card. I give permission for my child to be photographed for the purpose of ministry videos which may be posted on social media.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_