



# Nashville Workcamp Application / June 3-8, 2018

(please select one) ☐ Student ☐ Crew Leader

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: \_\_\_\_\_