



Adult REGISTRATION - \$15

Camp Cadiz | June 23-27, 2019

Please complete online or return to: Youth Leader/Pastor or Little River Baptist Association -149 Old Dover Road

Registration Deadline: Sunday, June 3rd

PERSONAL INFORMATION

Name: _____ Gender: M ___ F ___ Date of Birth: _____ T-shirt Size: _____

Please indicate Y (Youth) or A (Adult)

Email: _____ Home Phone: _____ Cell Phone: _____ Do you send/receive texts? yes ___ no ___

Mailing Address: _____
Number and Street City State Zip

Emergency Contact Name: _____ Emergency Phone Number _____

Spiritual Information: Church sponsoring means where you are currently attending. If you do not have a home church and are praying for God to lead you to the church where he wants you to serve, simply put praying.

Church sponsoring your attendance at Camp Cadiz: _____

If you were to die today, do you believe you would spend eternity in Heaven? yes ___ no ___ unsure ___

Are you comfortable speaking with someone about accepting Christ as their Savior? yes ___ no ___

Is this your first year at Camp Cadiz? yes ___ no ___

Please indicate the area you would like to serve in using the numbers 1-5 with 1 being your top choice. Please understand the types of projects received will determine the teams and placement of adult leaders.

- ___ VBS ___ Chores for Elderly ___ Nursing Home Ministry ___ Painting/Staining ___ Cooking/Delivering Meals
- ___ Demolition ___ Pressure Washing ___ Cleaning Gutters ___ Yard Work ___ Construction ___ Washing Cars
- ___ Delivering Meals (10:30am-12:30pm) ___ Supervising while adults meet (3:30-5:30pm)
- ___ Random Acts of Kindness (RAK) ___ Laundry (pick up at approximately 5:30/6 pm and return by 6:30/7am)
- ___ Registration Check – in (paperwork, passing out supplies, campers set up) Sunday only 7-930pm
- ___ Photography (drive personal vehicle to different sites) ___ Gopher (drive personal vehicle to get supplies in town and take to various job sites as needed. Truck &/or trailer would be good to have)

Please mark any areas you are NOT comfortable working in: ___ music ___ teaching ___ pressure washing ___ climbing ladders ___ cleaning gutters ___ carpentry/framing ___ dry wall ___ brick masonry ___ painting/staining ___ electrical ___ plumbing ___ concrete ___ welding ___ vinyl siding ___ cooking ___ window/door framing repair ___ demolition ___ underpinning ___ ramp construction ___ porch/deck repair or construction ___ yard work-mow, weed-eat, hedge trim, trimming bushes, etc.

What equipment would you be able to bring to your work site? ___ construction hand tools ___ power tools ___ tractor ___ mower ___ yard tools ___ weed eater ___ leaf blower ___ pressure washer ___ ladder ___ pickup truck ___ trailer ___ none

TIME AT/AWAY FROM CAMP: Please indicate the days and time you WILL NOT be able to participate in Camp Cadiz by checking the appropriate box(es) below. Camp Check-In begins Sunday, June 23rd at 7:30PM and concludes on Thursday, June 27th at 9PM. It is critical that we have the correct information on each adult and are notified as soon as possible of any changes. Teams will depart for work sites each morning about 8:00am. All morning volunteers should arrive at Liberty Point Baptist Church by 7:30am. Teams will return back to Liberty Point each afternoon at 4:00pm. We would like all adults or an adult leader from each team to attend the adult meeting at 4:30pm in the afternoon at the back of the fellowship hall. Everyone is welcome to join us at the host church each evening at 6:00pm for dinner and worship.

	Sun 6/23	Mon 6/24	Tues 6/25	Wed 6/26	Thurs 6/27
Morning (7am - 12pm)					
Afternoon (12pm - 5pm)					
Evening (Sun 7pm – 9pm & Mon – Thurs 5pm – 9pm)					
Staying the night (9pm -7am)					

Evening Meals – We will assume if you marked morning or afternoon in the areas above you will be joining us for breakfast and lunch. Please indicate below if you will be joining us for dinner and worship at 6pm at the location to be determined at a later date.

	Mon 6/24	Tues 6/25	Wed 6/26	Thurs 6/27
Evening meal and worship				

CAMP CADIZ
June 23-27, 2019

Transportation:

Are you approved to drive your church bus/van? yes___ no___

Are you willing to drive your personal vehicle if needed during Camp Cadiz? yes___ no___

If you are willing to drive your personal vehicle, how many passengers can you transport, including yourself? _____

If you are willing to drive your personal vehicle, what insurance agency carries your coverage? _____

HEALTH INFORMATION:

Are there any food allergies/dietary restrictions? yes___ no___ If yes, please explain: _____

Are there any health issues that might hinder your service in ANY of the work areas? yes___ no___ If yes, please explain: _____

Are you allergic to poison oak or poison ivy? yes___ no___ Are you allergic to bee/wasp stings? yes___ no___

Please list any medicines or substances not already listed that you are allergic to: _____

Physician & Phone Number: _____

Insurance company: _____	Insurance Policy Number: _____	Policy Holders Name: _____
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Any other important medical information? If you do not carry your medication information and important medical information on you, please list it below in case we need it in the event of an emergency. _____

I hereby authorize ___/don't authorize ___ the publishing of photographs taken of me in which I may be included with others, including the surrounding areas depicted in said photographs, for use in any and all media without restriction for any private or public purpose. I also grant permission to use my name, if desired, in connection with any said publication. I further grant permission to copyright, re-use and republish photographic portraits or pictures of me. I acknowledge that since my participation is completely voluntary, neither I nor any member of my family will receive financial compensation for the use of these photographs. I also release them from any expectation of confidentiality for the use of said photographs.

I hereby affirm that I am the person listed on this form. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

As a volunteer in Camp Cadiz, I wish to make clear my understanding that the Little River Baptist Association nor my church assumes no responsibility for loss of property, damage to same, personal harm or illness that may occur. I, for myself, my heirs, executors, administrators, distribute and assigns, in consideration of my admission to volunteer service and other good and valuable considerations do hereby absolve the Little River Baptist Association and my church and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis on the forgoing.

MEDICAL RELEASE AND CONSENT

I hereby authorize church representatives to obtain or provide medical treatment for me for such injury or illness during the camp, and I hereby hold the Little River Baptist Association & Camp Cadiz leadership, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that I may sustain physical illness or injury during camp. If this occurs, I hereby authorize the church representatives to refer me to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on my behalf for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that I may sustain physical illness or injury, I acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation, and I further release the Little River Baptist Association, it churches, its representatives, and any homeowners from any claims for personal illness or injury that I may sustain during the camp.

Signature of Volunteer: _____ Date: _____