

CAMP DATE \_\_\_\_\_

## FAITH IN ACTION OF BRAZOSPORT REGISTRATION (ADULT)

BOTH SIDES OF FORM MUST BE COMPLETED FOR ACCEPTANCE.

\_\_\_\_\_  
NAME ADDRESS CITY, STATE, ZIP

\_\_\_\_\_  
AREA CODE/ PHONE # EMAIL ADDRESS DATE OF BIRTH SEX AGE

\_\_\_\_\_  
CHURCH NAME CITY CHURCH CONTACT

\_\_\_\_\_  
EMPLOYER OCCUPATION CELL PHONE #

\_\_\_\_\_  
EMERGENCY CONTACT EMERGENCY CONTACT PHONE #

DO YOU HAVE ANY WORK CAMP EXPERIENCE? \_\_\_\_\_ WHEN/WHERE \_\_\_\_\_

CIRCLE EXPERIENCES Wheelchair Ramp Handrails Painting Flooring Yardwork Roofing  
(Circle all that apply)  
Light Construction Tape & Float Siding Concrete Power Tools

**T-SHIRTS - CIRCLE SIZE** S M L XL XXL XXXL

I HAVE READ AND UNDERSTAND THE ***FAITH IN ACTION*** RULES AND SAFETY GUIDELINES (FOUND ON FAB WEBSITE) AND AGREE TO ABIDE AND ENFORCE THEM AS NECESSARY.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE DATE

TYPE OF VEHICLE: \_\_\_\_\_ # OF SEAT BELTS INCLUDING DRIVERS: \_\_\_\_\_

**Mail Completed Form, copy of Medical Insurance, copy of current Driver's License and Auto Insurance with Check Payable to:**

Faith in Action of Brazosport  
P.O. BOX 1484  
LAKE JACKSON, TX 77566

Steve Corn (979-425-4522)  
dv84jc@yahoo.com  
www.faithinactionofbrazosport.org

Revised: Feb 2012

**FAITH IN ACTION OF BRAZOSPORT  
MEDICAL RELEASE FORM (ADULT)**

**INSURANCE INFORMATION:**

\_\_\_\_\_  
INSURANCE CARRIER

\_\_\_\_\_  
POLICY #

***COPY OF MEDICAL INSURANCE CARD MUST BE ATTACHED***

DATE OF LAST TETANUS TOXOID: \_\_\_\_\_

ANY SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

MEDICATION TO BE TAKEN AT CAMP: \_\_\_\_\_

\_\_\_ No, I do not carry Medical Insurance at this time.

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By my signature, I \_\_\_\_\_ willingly participate in **Faith in Action of Brazosport** camps (hereafter known as FAB). I understand that by my signature I contract and agree as follows:

I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for me, if I am incapable of doing so for any reason including surgical procedure if advised by the attending physician.
2. I fully release, discharge, and waive any claim or right of action which I have or might later have arising from any negligent acts or omissions of FAB, any of its employees, agents, or any of the leaders arising out of any activity associated with the trip to work camp, including travel between home and camp, excursions from camp and activities associated with work camp.
3. I agree to indemnify and hold harmless FAB, its employees, agents and leaders for damage based on negligence of FAB, any of its employees, or any of the accompanying leaders, arising out of any incident during the trip to work camp. (For purposes of this agreement, the FAB trip shall include travel between home and camp, excursions from camp and time spent at camp).
4. I agree to indemnify FAB and any of its employees or leaders for any damage they incur as a result of negligence or intentional acts on my part.

I have listed above any and all special medical conditions I have, and I state that I have been given the opportunity to discuss these conditions with one or more of the leaders.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date