



REGISTRATION FORM

Form 05-10NE

Revised 10-07

HIGH SCHOOL Work Camp All Youth Must Have Completed Grade 9 <input type="checkbox"/> Youth [9-12 grade] <input type="checkbox"/> Adult [21 & over] <input type="checkbox"/> Young Adult <small>[one year out of H.S.-through 20]</small>		← Please Mark With An X → The Appropriate Box Do Not Write In Any Shaded Area		COLLEGE Work Camp <input type="checkbox"/> Young Adult <small>[one year out of H.S.-24]</small> <input type="checkbox"/> Adult <small>[25 & over]</small>			
Last Name		First Name		Preferred Name		10 Digit Home Phone	
						M	F
Street Address		City		State & Zip		Date of Birth	Age
10 Digit Cell Phone of Participating Adult OR Parent / Guardian Of Participating Youth		Emergency Contact Name (Not a Parent)		10 Digit Phone # Emergency Contact (Not a Parent)			
Participant Email Address Please Print CLEARLY		City and Name Participating Church		Name Of Church Contact			
Year Of Last Tetanus Shot		List Any & All Special Medical Problems/Allergies Include Additional Information Sheet If Necessary					
List All Medications That Will Be Taken At Camp Include Additional Information Sheet If Necessary							
				9	10	11	12
Employer Name Adult Participant OR Employer Of Parent/Guardian of Participating Youth		Occupation - Participating Adults Only		Grade Completed, Please Circle Appropriate Box (High School Participants Only)			
Type Of Vehicle You Will Drive AT YOUR WORK CAMP (Age 21 & Older)						No. Of Seats Seat Belts Including Driver	
<input type="checkbox"/> First Aid <input type="checkbox"/> Music <input type="checkbox"/> Roofing <input type="checkbox"/> Carpentry <input type="checkbox"/> Administrative <input type="checkbox"/> Food Service						CPR Certified ? (circle) YES NO	
Rank Your Skill In The Above Areas 1=NOVICE 2=FAMILAR 3=EXPERT							
Y	N			S	M	L	XL
Have You Attended U.M. ARMY ?		How Many Times	Last Year Attended	T Shirt Size (Circle Appropriate Box)			
Medical Insurance Information			List First And Last Names Of Other Family Members Attending Work Camp		List Any Special Dietary Needs Including Food Allergies		
Insurance Company Name							
Policy Holder							
Group Number							
Insurance Company Phone Number							

REGISTRATION MUST BE SIGNED ON THE BACK TO BE ACCEPTED BY U.M. ARMY

ATTENTION: Participating Church Coordinator
 Return Original and Two Copies to: U. M. ARMY Northeast Office,
 6 Baldwin Rd. Westford, MA 01886
 Retain One Copy for Church Records

U.M. ARMY Press & Medical Release

1. I authorize any of the leaders of U.M. ARMY to obtain any and all necessary medical and or dental attention and or treatment for me, including surgical procedure if advised by the attending physician. I have listed on the registration form (front side), any and all special medical problems concerning myself, and I confirm that I have advised the leaders of U.M. ARMY of any special medical problems.
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 omission of U.M. ARMY, any of its employees, agents, or any of the adult leaders arising out of any activity associated with U.M. ARMY.
3. I agree to indemnify and hold harmless U.M. ARMY, its employees, agents and leaders for damages resulting from negligent or intentional acts committed by myself.
4. I authorize publication or broadcast of my image in any press release and or media publication arising out of any activity associated with U.M. ARMY.
5. I understand that travel between home and camp is my responsibility, and I will not hold U.M. ARMY responsible for accidents or injury related to travel to and from camp.

U.M. ARMY Covenant of Conduct

The intent of this covenant is to ensure the integrity and dignity of U.M. ARMY, its participants and clients.

- I will treat both the client and their property with dignity and respect.
- I will treat all participants respectfully in accordance with the teachings of Christ. As a **Christian Role Model**, I will encourage all volunteers to assume leadership roles and to conduct themselves with a Christ-like attitude. I will seek to build them up and not tear them down.
- I will show proper respect for the host church, vehicles and tools. I will conduct myself in a thoughtful, safe manner at work and at play.
- I will participate fully in **all** camp activities and with a **positive attitude** will focus my energies to promote unity within the camp.
- I will abide by the following vehicle regulations:
 - Seatbelts to be worn at all times
 - No youth may ride in a vehicle driven by anyone under 21 years of age
 - No riding in pickup truck beds or trailers
- I recognize I will be relied upon to provide leadership especially at times when safety and issues of discipline are being compromised.
- I will adhere to the following rules and regulations established by U.M. ARMY:
 - Radios, tape/disc recorders/players, clock radios are not permitted
 - Alcohol, illegal drugs and tobacco products are not permitted
 - No one may enter the dorm of the opposite sex
 - Everyone must dress appropriately
- I will read the U.M. ARMY Travel Guide and will abide by and adhere to all that is printed within.

Covenant Agreement / Release Form

By my signature below I acknowledge that I have read and understand the U.M. ARMY Covenant of Conduct above and agree to abide by it. I have also read and agree to the Press and Medical Release terms above.

I affirm that all the information on the U.M. ARMY Individual Registration form is correct.

X _____

Participant's Signature (*youth / young adult / adult*)

Date

X _____

Parent/Legal Guardian Signature (*required for all participants 17 and under*)

Date