

WORKCAMPER INFORMATION FORM

RETURN TO REACH BY APRIL 1, 2012!

Name: _____ Date of Birth: _____ Age: _____ Sex: M F (circle one)
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ Cell: () _____ E-Mail: _____

Year in School, Fall 2012: 7 8 9 10 11 12 College or Adult (circle one) T-shirt Size: S M L XL 2X 3X 4X (circle one)

If you are attending a combination workcamp, would you prefer to be teamed with: Jr. High or Sr. High Students (circle one)

Health Status: Please indicate any special health concerns or medication requirements: _____

Work Experience: Have you attended a Reach Workcamp before? Yes No

Please check the boxes below that indicate your experience in each of the following areas:

	No Experience	Limited Experience	Handy Person	Professional
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete/Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywalling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe any experience indicated above: _____

Circle any reservations concerning the following: Tall ladders Roofing Heavy lifting

PERSONAL COMMITMENT:

I agree to participate in all work skills and servanthood preparation activities with my youth group. I also agree to participate fully in the workcamp program, including the work projects and planned programs. I understand a Christian atmosphere and attitude is expected during the workcamp, both at the school and at the worksite. I agree to conduct myself in such a manner and abide by the rules and directions of the workcamp leadership.

PARENTAL RESPONSIBILITY RELEASE:

In consideration for being accepted by Reach Workcamps, a Colorado Non-profit Corporation, for participation in a Reach Workcamp. I (we) the parent(s) or legal guardian(s) of this participant will assume all responsibility and agree to hold harmless and indemnify Reach Workcamps, its directors, officers, employees and agents for any liability sustained by Reach Workcamps as the result of negligent, willful or intentional acts of my (our) son (daughter) that may result in claims and demands for personal injury, sickness and death, as well as property damage and expenses. I (we) authorize and grant permission to Reach Workcamps to furnish any necessary transportation, food and lodging and to assign work projects to my (our) son (daughter). Further, should it be necessary for my (our) son (daughter) to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

INSURANCE COVERAGE:

Each participant is covered by secondary accident insurance. Coverage includes physicians' and nurses' fees, hospital confinement costs, surgical fees, x-rays and prescriptions. This plan of insurance is secondary to any health insurance you have. Submission of claims should be sent to your personal insurance first. (Please bring your personal insurance card.) If you have a hospital visit, please be sure to take the Claim Form given to you at the Reach Office home with you. The secondary insurance is to prevent out of pocket expenses for the Workcamper.

Insurance Company and Policy Number _____

Insurance Company Phone Number _____

MEDICAL RELEASE:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to be transported to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any, in excess of any applicable medical insurance coverage provided through Reach Workcamps.

Emergency Contact Name: _____

Emergency Phone: _____

Date of last tetanus shot: _____

Signature (Parent or Legal Guardian's Signature if under 18)

Participant Signature

Date

Church ID (ex. I2PRGCOCTNI)