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**ADULT**

**EVENT REGISTRATION and MEDICAL INFORMATION  
(18 YEARS OF AGE AND OLDER)**

**Mark the week you plan to attend:**

6/30-7/6 PA \_\_\_ July 14-20 WV \_\_\_  
July 7-13 PA \_\_\_ July 21-27 WV \_\_\_  
Mexico \_\_\_ Puerto Rico \_\_\_

**Mark your T-shirt size (adult sizes):**

S \_\_\_ M \_\_\_ L \_\_\_  
XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

**Please print your information clearly in black or blue ink**

**PARTICIPANT'S NAME:** \_\_\_\_\_

Gender: **M** \_\_\_ or **F** \_\_\_ Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Occupation (optional): \_\_\_\_\_

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_

Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**GENERAL HEALTH INFORMATION:**

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. C.E. is not responsible for the purchase of medicine or special foods. *Youth leaders are responsible for dispensing any*

*medications to their teens.*    vegetarian    vegan    diabetes    peanut allergy    gluten free

Medications: \_\_\_\_\_

Allergies (food or other): \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:** If no insurance, check here:

**Your insurance card information is necessary. Please make a copy of the front and back of your insurance card and attach with your registration form.**

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** Who can we call in case of an emergency?

Name \_\_\_\_\_ Relation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**PARTICIPANT AGREEMENT**

By signing below, you agree to participate in the entire C.E. Missions Week, a Christian Endeavor Ministry Event, with enthusiasm. "I will conduct myself in a Christian manner and agree to follow the Adult Guidelines and all other rules as outlined for me."

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**Register early to save & secure your C.E. Missions Week!**

Domestic Early Rate is **\$359** (\$100 deposit due by 1/31/19 \* final payment and all forms due by 4/15/19)

After 2/01/19, the Standard Rate of **\$395** is due with registration forms by 4/15/19

*Make checks payable to your group, so one check can be mailed to C.E.*

**CHRISTIAN ENDEAVOR**  
**ADULT LIABILITY AND MEDICAL RELEASE FORM**

In the event that I am deemed unconscious, incoherent or unable to make an intelligent decision, and my

spouse/emergency contact is unavailable I, \_\_\_\_\_, hereby authorize and empower The Pennsylvania Christian Endeavor Union, Inc. (Christian Endeavor), and any adult authorized to act on behalf of Christian Endeavor to order or approve medical treatment for myself as fully as I could do if I were able. Medical treatment may be needed for, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In absence of my spouse/emergency contact, Christian Endeavor and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit myself to any form or type of medical treatment, including surgery or anesthesia or transfusions or medications or other medical procedures, by any licensed health care provider. In the absence of my spouse/emergency contact, I hereby grant Christian Endeavor and its authorized adult representatives, a medical power of attorney as to myself and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions.

I understand and agree that I am responsible for my own medical insurance. I agree to reimburse Christian Endeavor for any medical bills or other expenses incurred regarding any medical treatment for me. I have provided Christian Endeavor with accurate current health information on the event Registration Form.

I understand that Christian Endeavor is not responsible or liable for my personal effects and property and that Christian Endeavor will not provide security for or lock up any items. I will hold Christian Endeavor harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules, regulations and local laws are in effect at the time and location of the event.

In the event that any loss occurs as a result of damage to Christian Endeavor property, or to any buildings, it is agreed that I will pay to repair or replace the damage caused.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Christian Endeavor and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death, or other loss of any nature involving or related in any way to myself even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Christian Endeavor or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney's fees and all litigation costs.

Christian Endeavor is not responsible for the purchase of medicine or special foods for me during the event.

Attending the event acknowledges that Christian Endeavor may store my name and image by means of digital or film photography, video photography, audio recording or other documentations. Christian Endeavor may also use any stored data, including my name and image, in printed and electronic publications as well as on any web site created by Christian Endeavor.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable dispute resolution process. If Christian Endeavor and I cannot agree upon a process of resolution, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the *American Arbitration Association*.

Participant's name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

If spouse will also be at event, please provide your spouse's following information:

Spouse's name (print) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Or** Emergency Contact information:

Contact name (print) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

## 2019 - C.E. Mission Weeks - Skills Inventory

Date Attending: 6/30-7/6 ___ • July 7-13 ___ • July 14-20 ___ • July 21-17 ___ ••• Mexico ___ ••• Puerto Rico ___		
Church/Group Name: _____		
Name: _____		Under 21? List age: _____
Phone Day (____) _____	Phone Eve. (____) _____	Email: _____
What is your relationship with the church group you are attending with? Youth Group member ___ Year-round staff/volunteer ___ Parent ___ Other: _____		
If you have any first aid or emergency medical treatment experience, please explain:		
The section below assists us to do our best to match your skills to work. <b>There's a chance</b> you may be over-skilled for the work assigned to you. Thank you for <b>your willingness to serve</b> wherever we place you. Please <u>mark all</u> the numbers in <u>every</u> category that <b>BEST</b> describe you.		
<p><b><i>PAINTING</i></b></p> <p>____ 1. I've helped others paint inside</p> <p>____ 2. I've done low exterior painting</p> <p>____ 3. I've painted a two-story house</p> <p>____ 4. I have a lot of painting experience</p> <p>____ 5. I am a professional painter</p>	<p><b><i>LANDSCAPING</i></b></p> <p>____ 1. I can run a lawn mower</p> <p>____ 2. I've run power clippers and weed eaters</p> <p>____ 3. I'm experienced with a chain saw</p> <p>____ 4. I have installed retaining walls</p> <p>____ 5. I am a professional landscaper</p>	
<p><b><i>DRY WALLING</i></b></p> <p>____ 1. I've spackled small holes in walls</p> <p>____ 2. I've done taping and spackling</p> <p>____ 3. I've measured, cut, &amp; hung drywall sheets</p> <p>____ 4. I have a lot of dry wall experience</p> <p>____ 5. I am a professional dry-waller</p>	<p><b><i>MASONRY</i></b></p> <p>____ 1. I've helped patch a sidewalk</p> <p>____ 2. I've poured sections of concrete</p> <p>____ 3. I have moderate masonry experience</p> <p>____ 4. I have a lot of masonry experience</p> <p>____ 5. I am a professional mason</p>	
<p><b><i>CARPENTRY</i></b></p> <p>____ 1. I've done small repairs around the house</p> <p>____ 2. I've measured, cut, nailed lumber</p> <p>____ 3. I have moderate carpentry experience</p> <p>____ 4. I have a lot of finish carpentry experience</p> <p>____ 5. I am a professional carpenter</p>	<p><b><i>PLUMBING</i></b></p> <p>____ 1. I've fixed sink/toilet leaks</p> <p>____ 2. I've installed fixtures</p> <p>____ 3. I have moderate plumbing experience</p> <p>____ 4. I have a lot of plumbing experience</p> <p>____ 5. I am a professional plumber</p>	
<p><b><i>ROOFING</i></b></p> <p>____ 1. I've used tar to patch a leak</p> <p>____ 2. I've replaced sections of a roof                     ____ shingle    ____ metal</p> <p>____ 3. I have moderate roofing experience</p> <p>____ 4. I have a lot of roofing experience</p> <p>____ 5. I am a professional roofer</p>	<p><b><i>ELECTRICAL</i></b></p> <p>____ 1. I've changed switches and outlets</p> <p>____ 2. I've installed new light fixtures</p> <p>____ 3. I have some rewiring experience</p> <p>____ 4. I have a lot of electrical experience</p> <p>____ 5. I am a professional electrician</p>	
<p><b><i>FLOORING / CARPETING</i></b></p> <p>____ 1. I've torn out carpeting and/or linoleum</p> <p>____ 2. I have helped others lay flooring</p> <p>____ 3. I have moderate experience ___tile ___ carpet</p> <p>____ 4. I have a lot of experience ___tile ___ carpet</p> <p>____ 5. I'm a professional installer ___tile ___ carpet</p>	<p><b><i>FOUNDATIONS</i></b></p> <p>____ 1. I've helped with footers and back filling</p> <p>____ 2. I'm experienced in foundation coating</p> <p>____ 3. I helped jack up &amp; sure a foundation</p> <p>____ 4. I have moderate experience laying foundations</p> <p>____ 5. I have professionally built/repaired foundations</p>	
<p><b><i>SIDING</i></b>      <i>let us know if you have a break</i></p> <p>____ 1. I've worked with others to apply siding</p> <p>____ 2. I have moderate experience                     with vinyl and aluminum</p> <p>____ 3. I've wrapped window casings and sills</p> <p>____ 4. I am very experienced with an aluminum break</p> <p>____ 5. I've applied siding/aluminum professionally</p>	<p><b><i>HVAC</i></b></p> <p>____ 5. I am a professional</p> <hr/> <p><b><i>WELDING</i></b></p> <p>____ 5. I am a professional</p>	

Please use the back of this sheet to give details about your skills and special tools you can bring. Also, please add and explain any other areas where you think we could use your abilities such as: delivery, kitchen or music.