

# PARTICIPANT REGISTRATION

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender & Pronouns (She/Her/Hers or He/Him/His or They/Their/Theirs): \_\_\_\_\_

Grade (Rising in Fall): \_\_\_\_\_ Age: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Email: \_\_\_\_\_

Participant's Email: \_\_\_\_\_

Guardian's Phone #: \_\_\_\_\_ Participants's Phone #: \_\_\_\_\_

## OTHER INFORMATION

Participant's Interests: (athletics, music, social media, politics, etc)

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Other Information or comments you'd like to share with staff:

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## HEALTH CARE INFORMATION

Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any known allergies (food, plants, insects, dietary, or drug) \_\_\_\_\_

Please list any prescription medication (and dosage information) \_\_\_\_\_

Please list any medical conditions relevant to participating (surgeries, serious illness, chronic or recurring illness, conditions such as epilepsy or diabetes, mental illness, and/or physical mobility limitations)

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I give permission for staff to give my child the following: (check all that apply)

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|--|--|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Aspirin       | <input type="checkbox"/> Decongestant  |  |
| <input type="checkbox"/> Ibuprofen     | <input type="checkbox"/> Antacid       |  |

# PARTICIPANT REGISTRATION CONTINUED

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Health Insurance Company: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Phone Number of Policy Holder: \_\_\_\_\_  
Phone & Address of Insurance Company \_\_\_\_\_

\*Participants without medical insurance may still be able to attend understanding the risk and personal liability to any and all medical payments.

\*\*Please attach a copy of participant insurance card to this form. Information will be destroyed following service week.

## PERMISSION FORM

I, parent/guardian of \_\_\_\_\_ ("Participant"), consent to Participant attending the service event organized by Share Peace and Rekindle Kindness, Inc. ("SPARK") and The Dwelling, to be held at \_\_\_\_\_ ("Host Site"), from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_. Accordingly, I agree to the following:

### Behavior

SPARK and The Dwelling are both nonprofits with community service focus. Participants are expected to conduct themselves in a manner that is consistent with Christian values. Throughout the week, there will be incredible opportunities for all participants to grow in their faith through service and conversation. Accordingly, SPARK and The Dwelling expect participants to respect staff members, to follow rules and procedures (to be overviewed by SPARK and The Dwelling staff), to respect the property at the Site, and to value all participants. In addition, I understand that the participant is required to behave in a manner that ensures the safety of the participant and other participants in the SPARK'Dwell program. Consistent failure to do so could result in SPARK making the decision to remove Participant from the Service activity and/or any aspect of the SPARK'Dwell summer experience.

### Travel/Service Site Safety.

Travel to and from Host Site to service locations ("Service Sites") are part of the SPARK'Dwell program. Service activities may include, but are not limited to, construction projects, landscaping, interpersonal work with community members (including young children at times), and other service activities ("Service Activities"). SPARK and The Dwelling will not transport participants during the service event unless in emergency situations. Participants will be transported by Participant's group chaperone(s). I understand that the SPARK and The Dwelling staff will exercise reasonable care during all Service Activities with respect to the design and administration of the Service Activities; however, I understand that some risk is inherent in the Service Activities regardless of SPARK and The Dwelling's efforts. Therefore, the participant agrees to follow any rules and safety procedures outlined by SPARK and The Dwelling staff or participant's chaperone.

# PARTICIPANT REGISTRATION CONTINUED

## Emergency Care

I understand that SPARK and The Dwelling staff are not licensed medical professionals, but that they will make their best efforts to provide reasonable first aid care to participant in the event of a minor injury, such as a small cut or scrape, and I authorize them to do so. However, in the event of a more serious accident or illness during a SPARK'Dwell event that needs immediate treatment, I agree to participant receiving first aid & medical treatment from qualified practitioners, including lifesaving treatments, as may be considered necessary by a licensed medical provider. I authorize the transportation of my child (without notice to parent/guardian, if not practical), by ambulance if necessary, to the nearest available medical facility. I understand the extent & limitations of my medical insurance and that it is primary, unless otherwise specified. I will inform the SPARK staff immediately if there is any change in medical circumstances (including changes to insurance coverage) regarding the participant from the date signed below through the conclusion of the SPARK'Dwell program. In an emergency, a SPARK or The Dwelling staff member or Participant's group chaperone(s) will contact the parent/guardian as soon as reasonably possible.

## Image Release

SPARK and The Dwelling staff will be taking photographs throughout the week to document the time at SPARK'Dwell. Consequently, I, the undersigned, hereby give consent to SPARK and The Dwelling to use the image and likeness of the Participant in its promotional publications, advertising, videos or other media activities (including the Internet). Further, I acknowledge that neither I nor the Participant will receive compensation for such uses.

## Technology Policy

I acknowledge that Participant assumes the risk of theft or loss for any electronic device(s), including cell phones, that Participant elects to bring to a SPARK'Dwell program and under no circumstances will SPARK or The Dwelling be held liable for damage to electronic devices. Further, I agree to allow SPARK and The Dwelling staff to set the appropriate times for Participant to use electronic devices and I consent to SPARK and The Dwelling staff having discretion to take away any electronic devices from Participant should they become overly distracting. In such instances, the electronic devices will be held in a reasonably secure location and returned prior to Participant's departure from SPARK.

## Liability Limitation

Parent/Guardian and/or Participant hereby agrees to hold harmless SPARK and The Dwelling from any and all liability for any harm or damages incurred by Participant arising out of the SPARK'Dwell program. Any legal dispute arising out of the SPARK'Dwell Program will be governed by the laws of North Carolina and all parties hereto consent to the exclusive jurisdiction of the applicable court in Forsyth County, North Carolina to resolve any such matter.

**BY SIGNING BELOW YOU ARE AGREEING TO THE TERMS STATED HEREIN AND ACKNOWLEDGING THAT ALL INFORMATION PROVIDED ON THE ABOVE REGISTRATION AND HEALTH PROVIDER INFORMATION FORMS IS ACCURATE.**

### Trip Participant (if 18+)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian of Minor Participant

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_