

Lehigh Presbytery Helping Hands Care Team
Participant Application and Registration Form
18-26 April 2009 Oakville, Iowa Flood Relief Trip

Personal Information		
<i>Note: All information you provide will be kept confidential.</i>		
Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>		<i>State</i> <i>ZIP Code</i>
Daytime Phone: () -	Evening Phone: () -	Cell Phone: () -
E-mail Address:		
Age:	Birth date: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Church:		City: State:
Emergency Contact Information		
Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Relationship to Participant:		
Daytime Phone: () -	Evening Phone: () -	Cell Phone: () -
E-mail Address:		
Health Information		
<i>Note: Health insurance is required for all trip participants.</i>		
Health Insurance Company:		Phone: () -
Policy #:		
Primary Physician:		Phone: () -
Blood Type:	Date of Last Tetanus Shot:	T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Allergies:		
Dietary Restrictions:		
Current Medications:		
Current Health and Allergy Concerns:		
Release and Consent – Waiver of Liability		
<i>In consideration for being accepted by Lehigh Presbytery for participation in this work team, I hereby release, forever discharge and agree to hold harmless said Presbytery for any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned participating in the above named program. The undersigned further hereby agrees to defend, hold harmless and indemnify said Presbytery, its officers, board, employees and agents, for any liability sustained by said Presbytery as a result of the negligent, willful or intentional acts of said participant, including expenses incurred.</i>		
<i>I have read the foregoing and understand the rules of conduct as outlined. I certify that I am of lawful age and competent to sign this Waiver of Liability, having done so voluntarily.</i>		
Applicant Signature:		Date: / /

Please return completed forms and \$160.00 registration fee to:

**Lehigh Presbytery
710 N. Cedar Crest Blvd.
Allentown, PA 18104-3494**

Checks Payable to: **“Lehigh Presbytery”**. Write **“Helping Hands Iowa I”** in the memo.

Space is limited based on housing availability and will be filled in the order registration/fees are received.

Note: No registration fee will be refunded after April 1, 2009.