

INFORMATION SHEET & REGISTRATION FORM

Summer 2020 Lawn Care for Chesterfield County Seniors

Dear Pastor or Youth Leader,

Here is information about an exciting NEW mission opportunity that can give your church local, hands-on mission experiences in our community that can still take place even with the COVID-19 parameters in place.

This is a personal invitation for your church to be a part of **this Summer Lawn Care Project**, a ministry partnership of Middle District Baptist Association, Impact Missions Camps and Chesterfield County that engages your congregation in lawn mowing, clean-up and checking on our senior adult population in Chesterfield County.

Attached is more information as well as an individual registration form that each participant will need to **fill out** and mail (or email to brenda@mdba.org) to the **MDBA office, PO Box 244, Midlothian, 23113.**

We will need your church to supply **adult supervisors** along with your youth and provide **signed permission forms and a copy of their medical insurance card.**

We hope you will be involved in this exciting new summer mission project!



GENERAL RELEASE AND AUTHORIZATION

General Release

I have read the Information Sheet detailing the nature and ministry of the Summer Lawn Care Project and I acknowledge and understand, as well as the information, release, and responsibility issues related with the project. **Initial here** _____

Parent/Participant Authorization for Treatment

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for an attending physician or hospital staff to administer medical care if deemed necessary by the adult supervisor or representative of MDBA/Impact and the physician or hospital staff during the summer lawn project. **Initial here** _____

Parent/Participant Release of Claims and Liability

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do hereby release from all claims and forever hold harmless the directors, employees, and agents of Impact Mission Camps, Middle District Baptist Association and the Baptist General Association of Virginia from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child. **Initial here** _____

Parent/Participant Release of Likeness

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for pictures and videos to be taken and used for promotion of the Impact Mission Camps or Middle District projects. **Initial here** _____

Parent/Participant Assumption of Responsibilities

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do also assume personal responsibility for all medical bills in excess of the applicable medical insurance plan provided by my church, Middle District, or BGAV/Impact. Furthermore, I assume all costs for damages incurred by my child due to his or her negligence of rules and restrictions placed on them by Impact Mission Camps/Middle District.

Parent Initial here _____

Participant Initial here _____

Participant's Signature _____ **Date** _____

Custodial Parent/Guardian Signature _____ **Date** _____

Forms are not valid without proper initials and signatures in all areas.

PARTICIPANT HEALTH AND MEDICAL INFORMATION

Participant Name _____ Date of Birth _____

Church/Organization _____ Group Leader Name: _____

The following information is required to secure medical treatment should it become necessary. Please answer all questions completely.

List any current **medications** you are taking: _____

List any **medical conditions** for which you are CURRENTLY being treated: _____

List any medications or other substances to which you are **allergic**: _____

Date of last Tetanus Shot: _____

HEALTH INSURANCE INFORMATION

Health Insurance Carrier _____

Policy Holder: _____

Phone No. (____) _____

Insurance Policy Number _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Day Phone _____

SEND THESE FORMS IN ORDER TO PARTICIPATE ALONG WITH A COPY OF YOUR INSURANCE CARD.