

SPARK Registration Form

Please fill out completely and legibly!

Participant's Name: _____ Date of Birth: _____

Parent's Name: _____ Participant's Grade: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip Code) _____

Parent's E-mail: _____ Participant's Email: _____

Parent's Preferred Phone #: _____ Participant's Phone #: _____

Emergency Contact and Relation: _____

Emergency Contact Phone #(s): _____

Who will be transporting the participant to and from SPARK?

Name: _____ Relation: _____

In addition to the name above, what other driver(s) may participant be released to at the conclusion of SPARK or if Participant needed to leave early?

What are the student's interests? (*athletics, student government, politics, social media, music, etc.*)

Do you have any other comments or information you'd like to share with SPARK staff?

PLEASE PROVIDE A COPY OF HEALTH INSURANCE CARD UPON ARRIVAL TO SPARK!

Health Care Information

Primary Care Physician

Name _____ Phone Number _____

Health Insurance Information

Policy Holder Name _____ Policy Number _____

Insurance Provider _____ Group Number _____

Please list any allergies to drugs, foods, plants, insects, and special dietary needs/restrictions:

Please list any prescription medication (and dosage information) to be taken by the participant (if applicable, please discuss administration of medication with SPARK staff upon arrival):

Please list any medical conditions relevant to participating in SPARK activities (surgeries; serious injuries; chronic or recurring illness; conditions such as epilepsy or diabetes; mental illness, etc.) and/or any physical mobility limitations:

I give permission for SPARK staff to give my child the following:

Acetaminophen – Tylenol or Generic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aspirin:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofen – Advil or Generic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Antihistamine – Benadryl or Generic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antihistamine – Benadryl or Generic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Decongestant – Sudafed or Generic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antacid – TUMS or Generic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Antibiotic Ointment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Permission Form

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

- 1. Behavior.** SPARK is a nonprofit 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 expects participants to respect staff members, to follow rules and procedures (to be overviewed by SPARK staff) to respect the property at the Site, and to value all participants. In addition, I understand that Participant is required to behave in a manner that ensures the safety of Participant and other participants in the SPARK 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 summer experience.
- 2. Travel/Service Site Safety.** Travel to and from Host Site to service locations (“Service Sites”) are part of the SPARK 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 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 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’s efforts. Therefore, Participant agrees to follow any rules and safety procedures outline by SPARK staff or Participant’s chaperone.
- 3. Emergency Care.** I understand that SPARK 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 event that needs immediate treatment, I agree to Participant receiving first aid & medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medial 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 Participant from the date signed below through the conclusion of the SPARK program. In an emergency, a SPARK staff member or Participant’s group chaperone(s) will contact the parent/guardian as soon as reasonably possible.
- 4. Image Release.** SPARK staff will be taking photographs throughout the week to document the time at SPARK. Consequently, I, the undersigned, hereby give consent to SPARK 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.
- 5. 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 program and under no circumstances will SPARK be held liable for damage to electronic devices. Further, I agree to allow SPARK staff to set the appropriate times for Participant to use electronic devices and I consent to SPARK 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.
- 6. Liability Limitation.** Parent/Guardian and/or Participant hereby agrees to hold harmless SPARK from any and all liability for any harm or damages incurred by Participant arising out of the SPARK program. Any legal dispute arising out of the SPARK 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 REGISTRAION AND HEALTH PROVIDER INFORMATION FORMS IS ACCURATE.

_____/_____
Signature of Parent/Guardian (Date)

_____/_____
Signature of Participant (Date)

Packing List:

Here are some of the items we suggest you bring on your trip with SPARK!

- Pillow
- Sleeping Bag
- Twin size air mattress
- A weeks-worth of clothing, including clothes you don't mind getting dirty
- Sweater/Light jacket
- Swimsuit (one piece/tankini for females and swimming trunks for males)
- Athletic Shoes or Sneakers Suitable for recreational activities
- Two towels: a bath towel and a beach towel
- Shower Supplies (Shampoo, Conditioner, Body wash etc...)
- Shower Shoes (flip flops are fine)*
- Toiletries (Deodorant, Toothbrush, Toothpaste etc...)
- Required Medicine (In original packaging or daily organized dispensers and clearly labeled)
- Sunscreen/Bug spray
- Light Backpack or Bag to carry to service sites and during evening activities
- Reusable water bottle
- Paper/Notebook
- Pens/Pencils
- Flashlight*
- Bible (If you have one)

**These items are optional but you might be glad you brought them!*