

PARTICIPANT REGISTRATION FORM



Name: _____ Upcoming Grade _____ Age: _____ Gender: _____

Home Church: _____ Adult T-Shirt Size (circle one): S M L XL XXL

Parent/Guardian Names: _____ Phone(s) _____

Special Dietary requests or allergies: _____

Participants: I understand that River of Life event leaders will assign me to a work team. Though I am willing to joyfully work on any team, I would prefer to be assigned to a (check one below):

- Painting team (ladders involved),
- Landscaping team (no ladders),
- Building team (repairing or constructing porches and/or wheelchair ramps, etc.)
- Assign me where I am needed most and can best serve the Lord!

I also understand that River of Life is a unique event with adult leadership at many levels. I will respect all of the leaders from my church, participating churches, and the host church. I will behave in a Christian manner at all times. I will dress modestly and appropriately at all times. I will not bring electronic devices such as cell phones or DVD players to ROL. I understand that if I do not adhere to these policies, I may be asked to change clothes or to turn over the electronic device for safe keeping by a church leader. I will not possess or use tobacco, alcohol, drugs or firearms while at ROL. If I break these rules, my parents will be notified along with the necessary authorities, and I will be removed from the ROL event at my parent's expense.

Signature of Participant: _____ Date: _____

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**Adult Participant: Please list any specific skills that you may be able to use at ROL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parents: Please indicate if there is a type of work to which you do not want your child assigned: _____

I give my permission for my child to participate in the River of Life Mission Event on _____. I understand my child will be assigned to a work team that will paint, construct porches, wheelchair ramps or make other home repairs/improvements. In case of emergency, I realize every attempt will be made to contact me. In the event I cannot be reached, I hereby authorize the River of Life youth workers to sign for medicated treatment for my child. I will not hold River of Life, the participating churches, the directors, or the youth workers liable for any injuries incurred by my child.

Signature of Parent/Guardian: _____ Date: _____

This permission slip must be signed by a parent or guardian in order for a minor to attend a River of Life event. By signing this agreement, you agree to support the agreements made above by the participant.

Registration Cost (includes hotel, meals, t-shirt, & work materials): Adult - \$75.00 Youth - \$120.00

Email completed forms to: churchoffice@lincolntonmethodist.org ; drop off at Lincolnton Methodist Administrative Offices, or mail to Chuck & Leigh Beggs, 166 Perryman Ave, Lincolnton GA 30817