Flood Hope Cleveland Mission Registration

July 6-14, 2017

Date:			
Church name:			
Leader's name:			
Contact information:			
Name:			
Last First M/I Address:			
City:	State:	Zip:	
Phone:	Cell:		
Email address:			
Birthdate (month/day/year)			
Emergency Contact:		phone:	
Emarganay Contact		nhono	

Circle T-shirt Size: S M L XL XXL XXXL How did you become interested in Flood Philly?

I certify that to the best of my knowledge all answers and information given on this application is true and correct.

PERMISSION FORM FOR PICTURES I,			
I,	Signature Date		
PERMISSION FORM FOR CROSSING STATE LINE MAY GO INTO NEW JERSEY. I,	PERMISSION FORM FOR PICTUI	RES	
PERMISSION FORM FOR CROSSING STATE LINE MAY GO INTO NEW JERSEY. I,	I,used for promotional and publicity p	, give permission for my voice ourposes.	e and/or image to be
I,	Student's Signature	Parent's Signature	
Parent's Signature Release from liability: I understand that all reasonable precautions will be taken at all times by CEF and staff during all activities. I understand the possibility of unforeseen hazards and know the inherent possibility to risk. I agree not to hold CEF, its leaders, employees, Crossing Community Church, and volunteer staff liable for damages, losses, diseases, or injuries incurred by subject of this form. Signature: Date: Date:	PERMISSION FORM FOR CROSS	ING STATE LINE MAY GO INTO NE	W JERSEY.
Release from liability: I understand that all reasonable precautions will be taken at all times by CEF and staff during all activities. I understand the possibility of unforeseen hazards and know the inherent possibility to risk. I agree not to hold CEF, its leaders, employees, Crossing Community Church, and volunteer staff liable for damages, losses, diseases, or injuries incurred by subject of this form. Signature: Date:	Ι,	, give permission for	to cross state lines.
I understand that all reasonable precautions will be taken at all times by CEF and staff during all activities. I understand the possibility of unforeseen hazards and know the inherent possibility to risk. I agree not to hold CEF, its leaders, employees, Crossing Community Church, and volunteer staff liable for damages, losses, diseases, or injuries incurred by subject of this form. Signature:	Parent's Signature		
the possibility of unforeseen hazards and know the inherent possibility to risk. I agree not to hold CEF, its leaders, employees, Crossing Community Church, and volunteer staff liable for damages, losses, diseases, or injuries incurred by subject of this form. Signature: Date: Date:	Release from liability:		
Signature of parent or legal guardian if volunteer is under 18 years old:	the possibility of unforeseen hazard	s and know the inherent possibility to risk. I rch, and volunteer staff liable for damages, lo	agree not to hold CEF, its leaders,
	Signature:	Date:	_
Signature: Date:	Signature of parent or legal guardian if	volunteer is under 18 years old:	
	Signature:	Date:	

Doctrinal Protection Policy

Child Evangelism Fellowship® continues in its commitment to its "Statement of Faith," which embodies the non-negotiable and historic beliefs of evangelical Christians.

Within the community of evangelical believers various distinctives exist which do not prevent our fellowship in the Lord and our effectiveness as child evangelists.

We therefore resolve that CEF workers are qualified by their unreserved commitment to CEF's "Statement of Faith" and their further commitment in all CEF activities to refrain from teaching or otherwise advocating doctrinal distinctives either contrary to or in addition to the "Statement of Faith."

Child Evangelism Fellowship Worker's Compliance Agreement

Recognizing the spiritual need of boys and girls in our community and around the world, I would like to assist in the work of Child Evangelism Fellowship (CEF).

I understand that CEF is without specific denominational affiliation, and have read the "Statement of Faith" and CEF Doctrinal Protection Policy. In becoming a co-worker with CEF, and in order to protect the ministry, I agree not to propagate or practice in CEF ministries any distinctive or controversial doctrines, methods, and practices that would go beyond the CEF "Statement of Faith" and the approved CEF curriculum. These would include but not be limited to such things as modes of baptism, alteration of the Gospel message, speaking in tongues, interpretation of Scripture by experience, healing on demand, etc. I understand that anyone who does not adhere to this agreement cannot work with CEF as paid staff or volunteer.

In teaching Bible lessons in core CEF programs I will use exclusively materials approved by CEF.

In offering my services I trust the Lord to make me a faithful servant, and should problems arise between CEF and me that cannot be fully reconciled, I will quietly withdraw to preserve the harmony essential to having an effective Christian witness.

By signing below, I indicate:

- a) My agreement with the "Statement of Faith" and that
- b) I will abide by the above Worker's Compliance Agreement, and that
- c) I will abide by the policies of CEF as long as I am actively involved.

Signed:	Date:
Address:	Church Affiliation:



MEDICAL REPORT

Nam	e	Address_		
			mber	
			umber	
PAST	Γ MEDICAL HISTOR	Y		
3. <u>Med</u>	ical and Surgical Facts			
A.	A. Please list operations you have had and the year you had them.			
В.			d in a health problem you have now.	
C.	Please list any medication you re	outinely take for: (Please l	ist the actual dose amount and when y	ou take it.)
	1. Headaches			
	2. Upset stomach			
	3. Allergies – List allergy to foo	od, medication, or environr	mental substances	

	D. Do you have any physical limitations n medical personnel to know?	ot already mentioned that would be impo	ortant for the director and
4.	In Case of Emergency		
	Family Physician & Phone Number		
	Name of Insurance		
	ID Number	Group Number	
	Employer that insurance is through		
	Employee name that insurance is in	Birthday	
IN	Second contact if parents are unreachable Phonomer MUNIZATIONS (Date of <u>last</u> immunization		
Te	tanus	MMR (Measles, Mumps, Rubella)	
Da		Signed	

All medication brought to Flood Philly need to be handled through your team leader. There should be

no medications with a minor.

Signed

Waiver of Liability and Indemnity

Indemnity: The undersigned student and parent and or legal guardian each jointly and severally, hereby releases, waives his or her rights to recover against, and agrees to indemnity, defend and hold harmless Child Evangelism Fellowship and all its staff an parent subsidiary and related entities and its and their respective officers, directors, employees, agents, servants and insurers (hereafter jointly referred to as the "indemnities") from and for any and all claims or causes of action for any losses, damages, property loss or theft, costs, expenses (including attorney's few and opinion witness fees0, complaints, personal injury, death or other loss arising form or relating in any way to student's participation in the summer events including, without limitation to the travel, club times, lodging, games, crafts, training and wrongful acts of others that are harmful to the student or person.

Waiver: The undersigned student and parent and or legal guardian each waive any and all claims that may arise against Child Evangelism Fellowship and all its operators, and all its staff an parent subsidiary and related entities and its and their respective officers, directors, employees, agents, servants and insurers as a result of or in any way related to student's participation in the directors, employees, agents, servants and insurers as a result of or in any way related to student's participation in the summer events, including without limitation to the travel, club times, lodging, games, crafts, training and wrongful acts of others that are harmful to the student or person.

Including but not limited to claims alleging negligence, gross negligence, and or willful and wanton negligence. The undersigned student and parent and or legal guardian each further agree to waive the protection afforded by any statute or law in any jurisdiction the purpose, substance and or effect of which is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time or executing the release. This means, in part that the undersigned is releasing unknown future claims.

Covenant not to Sue;

The undersigned student and parent and or legal guardian each jointly promise and agree that he or she will not sue Child Evangelism Fellowship and all its staff an parent subsidiary and related entities and its and their respective officers, directors, employees, agents, servants and insurers for any damages, losses, claims, causes of action, suits, demands, costs, complaints, including those resulting from the undersigned's illness, injury, and or death, released and waived in the two proceeding paragraphs or other loss arising form or relating in any way to student's participation in the summer events including, without limitation to the travel, club times, lodging, games, crafts, training and wrongful acts of others that are harmful to the student or person. The undersigned student and parent and or legal guardian each further agrees that Child Evangelism Fellowship and any worker, staff, volunteer, or those associated with Child Evangelism Fellowship may plead this agreement as a full and complete defense to any suit brought in violation of this promise.

Agreements not limited by actions of Child Evangelism Fellowship: The undersigned student's and parent's and or legal guardian's agreements and obligations under the three preceding paragraphs shall not be limited or reduced in any way because any of the losses, damages, property damage, property loss or theft, costs, complaints, personal injury, death or other loss, including those resulting from the undersigned's' illness, injury, and or death, arise or result in whole or in part from the negligence of or breach of any express or implied warranty or duty of Child Evangelism Fellowship or any of its its operators, and all its staff an parent subsidiary and related entities and its and their respective officers, directors, employees, agents, servants and insurers.

Final Signatures:		
Student	Parent/legal guardian	_ Date