



2009 Community Rehab Project Student (under 18 years old)

Registration Form *(must have completed 7th grade or have parent on Project.)

2009 Rehab Dates:

Sunday, June 14
through
Friday, June 19

Fees: \$70

Includes all meals,
t-shirt, and lodging (if
required).

All fees are non-
refundable.

T-shirts are not
guaranteed for any
participant's late
registration.

**The
Community
Rehab
Project . . .**

...is a registered
non-profit program
designed to provide
low-income
homeowners of
Comanche County
with no-cost home
repairs. Rehab is
operated as a
coalition of area
churches, the Cities
of Comanche,
DeLeon and Gustine
as well as many local
businesses and
individuals.

Please list any
allergies or
medical
conditions:

Please PRINT all information...ALL FIELDS must be completed...if none then print "None" or N/A

Student's Name _____

Gender _____

Grade _____

Age _____

Birthdate _____

Student's Home Church/Participating Organization _____

Home Address _____

City/State/Zip _____

Home Phone _____

E-mail Address _____

Student SSN or DL # _____

T-Shirt Size (Adult Size) _____

Student's Parent/Guardian Name (s) _____

Parent/Guardian Work/Cell Phone Numbers _____

Secondary Emergency Contact (If Parent/Guardian is not available) _____

Relation _____

Contact Home/Cell/Work Phone _____

Please list your insurance carrier and policy #: _____

Please list any physical limitations to your ability to work: _____

Are you fearful of heights? Yes No

Is this your first Rehab project? Yes No
(how many others/when _____)

Please list any other construction experience in addition to
Rehab: _____

Continued on back...

Complete this form with your registration fee
and return to your Church's Youth Minister or
Organization Director.
All fees are non-refundable.

Rehab Board Use Only:

Received: _____

Processed: _____

Payment: _____

Crew: _____

Youth Minister/Organization Director Use Only:

Form Completed: _____ Date: _____ Payment Amt: \$ _____ Rec'd: _____

Please PRINT all information...

<p>Please rate on a scale of 1 to 10 (10 being highest) the following construction areas in which you have experience:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Painting</td> <td style="width: 50%;">_____ Roofing</td> </tr> <tr> <td>_____ Siding</td> <td>_____ Sheet Metal</td> </tr> <tr> <td>_____ Windows</td> <td>_____ Ramps</td> </tr> <tr> <td>_____ Yard Cleaning/Mowing</td> <td></td> </tr> <tr> <td>_____ Other _____</td> <td></td> </tr> </table>	_____ Painting	_____ Roofing	_____ Siding	_____ Sheet Metal	_____ Windows	_____ Ramps	_____ Yard Cleaning/Mowing		_____ Other _____		<p>Please list any special skills you may have that you think would be helpful in this project:</p> <p>Fluent in Spanish: _____yes _____no</p> <p>Other skills: _____</p> <p>_____</p>
_____ Painting	_____ Roofing										
_____ Siding	_____ Sheet Metal										
_____ Windows	_____ Ramps										
_____ Yard Cleaning/Mowing											
_____ Other _____											

Please indicate your interest in serving in AT LEAST ONE of the following Rehab crew positions:

- Devotion coordinator – coordinates leading daily devotions for the crew
- Ministry/Evangelism Coordinator – helps crew recognize ministry opportunities in neighborhood
- First-Aid Coordinator – carries and administers first-aid kit for the crew
- Safety Inspector – helps crew recognize and correct unsafe working conditions
- Tool Master – responsible for getting and returning borrowed tools and daily tool pick-up
- Break Master – coordinate break supplies and break cleanup



Student participation is REQUIRED at ALL scheduled events.

This is to insure both the student's safety and to coordinate the necessary workers for the completion of all jobs. If students need to be gone at any time for any reason during the week, parents must write on a separate piece of paper the following information for **EACH** absence:

**Date of Absence Needed:
Time Away (from) and (to)
Reason for Absence**

Parent's Signature for EACH occurrence

Failure to notify Rehab directors of approved absences before the project begins may result in loss of fees and removal from the project. A time-out card will be issued for each absence and must be presented to Crew Chiefs before leaving the worksite.

To be completed by Parent/Guardian:

I, _____, (Parent Guardian) the undersigned, give my permission for my son/daughter named above to participate in the Community Rehab Project – June 14, 2009 thru June 19, 2009. By signing, I understand that the purpose of this project is to provide manual labor through construction to local homes and because of that, students may be injured or killed as a result of their participation. By signing, I agree to forever release and hold harmless from any and all liability the following: Community Rehab Project Coordinating Board, Community Rehab Project leadership (organized or volunteer), participating Churches or organizations and their ministers and/or adult sponsors, the City of Comanche, the City of DeLeon, the City of Gustine, project homeowners, the Comanche Independent School District, or any and all other institutions or individuals directly or indirectly involved in sponsoring the Community Rehab Project in the event that my child may be injured or killed while participating in activities associated with this event; while being transported in any designated vehicle during any time; while using any powered or non-powered tools; while on ladders and/or scaffolding; while working on top of or below project homes; while seeking emergency medical treatment; or while being asked to perform any other reasonable task associated with the Rehab Project. I also release the above named entities from liability in the event that any of my student's personal property including, but not limited to tools, equipment, electronics and vehicles, is lost, damaged, stolen or destroyed. Furthermore, I agree to pay all costs associated with my child's participation in the trip including, but not limited to: registration fees, extra meals, snacks, emergency room visits and medical expenses. I give permission for adult Rehab leadership to seek emergency medical treatment on my child's behalf if I am not able to be reached in the event of my child's injury. By signing below, I also give permission for the Community Rehab Project to film and photograph my child and to use said images, with or without editing, in any publicity and or advertising related to this event without my pre-approval, consent, knowledge or notification. Lastly, my child agrees to abide by all rules and regulations as outlined by the Coordinating Board of the Community Rehab Project and designated adult Crew Chiefs. I understand that if my child fails to cooperate and abide with the rules of this event, it is the privilege of the Coordinating Board to deal with such infractions, and, if necessary, immediately discharge and transport the above named student home at my expense.

Signature of Parent or Legal Guardian

Date

To be completed by Student:

As a participant in the 2009 Community Rehab Project, I agree to conduct myself properly and abide by all rules and regulations as set forth by the Coordinating Board of the Community Rehab Project. I understand that any removal of privileges by Crew Chiefs may result in the removal of all privileges for the remainder of the trip with no refund of money. I also understand and agree to notify my parents or legal guardian at the time of any infraction that causes the loss of privileges and/or my dismissal from Community Rehab Project and my subsequent transportation home at the expense of my parent/guardian. I also understand that I will not be allowed to leave without the approval of the Coordinating Board of the Community Rehab Project and that my attendance both during the day and for all worship services is required.

Signature of Student

Date